DOCUMENT RESUME

ED 221 283 PS 013 053

TITLE	Oversight Hearing on the Head Start Program. Hearing before the Subcommittee on Human Resources of the Committee on Education and Labor. House of Representatives, Ninety-Seventh Congress, Second Session.
INSTITUTION	Congress of the U.S., Washington, D.C. House Committee on Education and Labor.
PUB DATE	23 Feb 82
NOTE	501p.; Many pages in the original document contain small print size and may not reproduce well.
EDRS PRICE	MF02 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Day Care; Early Childhood Education; *Family Programs; *Federal Programs; Hearings; Parent Participation; *Political Issues; Position Papers; *Program Effectiveness; *Public Policy
IDENTIFIERS	Congress 97th; *Project Head Start; Reagan Administration

ABSTRACT

The Subcommittee on Human Resources was convened February 23, 1982 to review and discuss the Reagan administration's plans for Project Head Start, as presented in the controversial and widely disseminated policy paper entitled "Head Start: Directions for the Next Three Years." Informally known as the "Head Start Strategy Paper," the working paper, prepared by the Administration for Children, Youth and Families (ACYF), outlines objectives established for Head Start and the policy options and actions that could be used to reach those objectives. The five major objectives outlined in the strategy paper focus on enrollment, program quality, training and technical assistance; coordination with community groups, and program management and administration. Reported in this document is the discussion of these objectives and related topics by panels and individuals appearing before the subcommittee, including congressional representatives, Head Start project directors, child advocates, and federal administrators. Special attention is given to the proposal for converting parent and child centers to regular Head Start programs, and descriptions of the work of such centers are included in the text. Appended materials include the ACYF policy paper, related news articles, and many responses to the paper from parents, centers, legislators, agencies, and organizations urging support for Project Head Start, the Parent Child Program, and other affected programs. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

OVERSIGHT HEARING ON THE HEAD START PROGRAM

ED221283

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it
X Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN RESOURCES

OF THE

COMMITTEE ON EDUCATION AND LABOR

HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

SECOND SESSION

HEARING HELD IN WASHINGTON, D.C., ON
FEBRUARY 23, 1982

Printed for the use of the Committee on Education and Labor

PS 013053

U.S. GOVERNMENT PRINTING OFFICE
95-368 O WASHINGTON : 1982

COMMITTEE ON EDUCATION AND LABOR

CARL D. PERKINS, Kentucky, *Chairman*

AUGUSTUS F. HAWKINS, California
WILLIAM D. FORD, Michigan
PHILLIP BURTON, California
JOSEPH M. GAYDOS, Pennsylvania
WILLIAM (BILL) CLAY, Missouri
MARIO BIAGGI, New York
IKE ANDREWS, North Carolina
PAUL SIMON, Illinois
GEORGE MILLER, California
AUSTIN J. MURPHY, Pennsylvania
TED WEISS, New York
BALTASAR CORRADA, Puerto Rico
DALE E. KILDEE, Michigan
PETER A. PEYSER, New York
PAT WILLIAMS, Montana
WILLIAM R. RATCHFORD, Connecticut
RAY KOGOVSEK, Colorado
HAROLD WASHINGTON, Illinois
DENNIS E. ECKART, Ohio

JOHN M. ASHBROOK, Ohio
JOHN N. ERLENBORN, Illinois
JAMES M. JEFFORDS, Vermont
WILLIAM F. GOODLING, Pennsylvania
E. THOMAS COLEMAN, Missouri
KEN KRAMER, Colorado
ARLEN ERDAHL, Minnesota
THOMAS E. PETRI, Wisconsin
MILLICENT FENWICK, New Jersey
MARGE ROUKEMA, New Jersey
EUGENE JOHNSTON, North Carolina
LAWRENCE J. DeNARDIS, Connecticut
LARRY E. CRAIG, Idaho
WENDELL BAILEY, Missouri

SUBCOMMITTEE ON HUMAN RESOURCES

IKE ANDREWS, North Carolina, *Chairman*

BALTASAR CORRADA, Puerto Rico
PAT WILLIAMS, Montana
CARL D. PERKINS, Kentucky
(Ex Officio)

THOMAS E. PETRI, Wisconsin
E. THOMAS COLEMAN, Missouri
(Ex Officio)

CONTENTS

Page

Hearing held in Washington, D.C., on February 23, 1982 1

Statement of:

Bush, Barbara A., staff attorney, Children's Defense Fund, Washington, D.C., on behalf of Marian Wright Edelman, president, Children's Defense Fund, Washington, D.C. 118

Bushyhead, Yvonne, Head Staff project director, Indian-migrant programs, Tahlequah, Okla. 173

Chisholm, Hon Shirley, a Representative in Congress from the State of New York 62

Choate, Bud, Head Start parent, Russellville, Ark. 102

Dunn, Hon. Jim, a Representative in Congress from the State of Michigan 5

Hardy, Dorcas R, Assistant Secretary for Human Development Services, Department of Health and Human Services, accompanied by Clarence E. Hodges, Commissioner, Administration for Children, Youth and Families, Department of Health and Human Services 26

Hill, Billie Jean, Head Start Projector, Helena, Mont. 88

Morrissette-Ndulula, J., executive director, Philadelphia Parent Child Center, Inc., Philadelphia, Pa 161

Roman, Virginia, Head Start project director, Stevens Point, Wis. 76

Prepared statements, letters, supplemental materials, etc.:

Brown, Patricia, Boles Point, Waldron, Ark., handwritten letter 103

Bushyhead, Yvonne, Head Start project director, Indian and migrant Head Start programs, Tahlequah, Okla., prepared statement of 164

Butler, Lydia, Head Start parent, Box 500, Waldron, Ark., handwritten letter 104

Canada, Gaylene, Gen. Del., Waldron, Ark., handwritten letter 104

Chisholm, Hon. Shirley, a Representative in Congress from the State of New York, prepared statement of 55

Choate, Bud, Head Start parent, Russellville, Ark., prepared statement of 90

Dunn, Hon. Jim, a Representative in Congress from the State of Michigan, prepared statement of 3

Edelman, Marian Wright, president, Children's Defense Fund, Washington, D.C., prepared statement of 111

Hardy, Dorcas R., assistant secretary, Office of Human Development Services, Department of Health and Human Services, prepared statement of 7

Hill, Billie Jean, Project Head Start, Helena, Mont., prepared statement of 79

Hodges, Clarence E., Commissioner, Administration for Children, Youth, and Families, Department of Health and Human Services, Head Start performance indicators (table) 52

Morrissette-Ndulula, J., executive director, Philadelphia, Parent Child Center, Philadelphia, Pa.:

Department of Human Services, Garfield Parent Child Center, Chicago, Ill., facts 141

Overview of the Washington, D.C. parent child center 147

Parent Child Center, North East Kingdom, Vt., family case history 129

Prepared statement of 119

The Philadelphia Parent Child Center, Inc. 133

ERIC

Prepared statements, letters, supplemental materials, etc.—Cont.
Page
Roman, Virginia, Head Start director, Stevens Point, Wis., prepared statement of 67
Russell, Carla, Box 505, Waldron, Ark., handwritten letter 104
Smith, Diane, Head Start parent, P.O. Box 893, Waldron, Ark. handwritten letter 103

APPENDIX

Allard, John B., Superintendent, Federal-State programs, Stanislaus County Department of Education, Modesto, Calif., letter to Dear Associate enclosing a paper entitled "Head Start Program and Funding Issues" 236
Florio, Jose, social worker, letter to Chairman Andrews, dated March 17, 1982. 396
Anderson, Daniel D., project director, Pacific Basin Consortium, Honolulu, Hawaii, letter to Chairman Andrews, dated February 11, 1982 358
Atakai, Wesley W., president, Parent Advisory Committee, for and on behalf of the parents, Ganado Preschool, Ganado, Ariz., letter to "Dear Sir," enclosing a resolution 439
Berg, Ronald W., acting Head Start director, Division of Navajo Child Development Program, letter to Chairman Andrews, dated March 19, 1982 441
Blank, Helen, Children's Defense Fund, Washington, D.C., enclosing comments, dated December 22, 1981 331
Bragg, McFarland A., Jr., president, Illinois Head Start and Day Care Association, Peoria, Ill., letter to Chairman Andrews, dated March 26, 1982 461
Boyle, Richard L., director of Head Start, Economic Opportunity Agency of Washington County, Inc., letter to Secretary Schweiker, Department of Health and Human Services, dated November 18, 1981 256
Bushyhead, Yvonne, president, National Indian Head Start Directors Association, Tahlequah, Okla., letter to Chairman Andrews, dated March 4, 1982. 402
Buzogany, William, M.D., The National Consortium For Child Mental Health Services, Washington, D.C., letter to Chairman Andrews, dated March 22, 1982, enclosing comments 430
Caudle, Sygrid Y., executive director, Washington, D.C. Parent Child Center, Inc.:
Comments on ACYF strategy paper 413
Letter addressed to "Dear Sir/Madam," dated January 27, 1982 421
Letter to Chairman Andrews, dated March 16, 1982 412
Overview of PCC 422
Review of ACYF strategy paper 416
Chadwick, Carol, HACAP Head Start director, Cedar Rapids, Iowa:
Letter to Chairman Andrews, dated February 15, 1982 360
Letter to Chairman Andrews, dated March 22, 1982 445
Conyers, Hon. John, Jr., a Representative in Congress from the State of Michigan, prepared statement of 234
Davis, Kelly, Philadelphia, Pa., letter to Chairman Andrews, dated February 25, 1982 377
Davis, Sylvia, R. N., health coordinator, early childhood development program, Kansas City, Kans., letter to Subcommittee on Human Services, dated February 12, 1982 359
DeLeon, Elizabeth, letter to Chairman Andrews, dated March 8, 1982 406
Dixon, Geraldine, parent, Milwaukee, Wis., letter to Chairman Andrews, dated March 23, 1982 447
Dixon, Loretta M., ACSW, Boston, Mass., letter to Chairman Andrews, dated February 17, 1982 395
Empson, Julie, Jan Idyll, and Lee Gruber, Roy Littlejohn Associates, Inc., Washington, D.C., letter to John Busa, Administration for Children, Youth and Families, dated November 25, 1981 268

Page
Family development program. Head Start CFRP, Jackson-Hillsdale, Mich., statement of ... 372
Gutierrez, Lucy, president, New Mexico-Southern Colorado Head Start Director's Association, letter to John Busa, Acting Deputy Commissioner, Department of Health and Human Services, dated November 20, 1981 ... 261
Harcourt, (Mrs.) Robert, letter to Dear Sir, dated April 6, 1982 ... 467
Hardy, Dorcas R., Assistant Secretary for Human Development Services, Department of Health and Human Services, letter to Chairman Andrews, dated November 18, 1981, enclosing a paper entitled, "Head Start. Directions for the Next Three Years" ... 177
Harrison, (Mrs.) Lillian, Roxbury, Mass., letter to "To Whom It May Concern" ... 438
Hawkins, Hon Augustus F, a Representative in Congress from the State of California:
Letter to Chairman Andrews, dated February 16, 1982, enclosing a letter from a constituent ... 230
Letter to Chairman Andrews, dated March 8, 1982, enclosing comments on Parent Child Centers ... 232
Helwig, Floy, M.D, FAAP, Associate professor, clinical pediatrics, Northwestern University Medical School, regional medical consultant, Head Start—region V, letter to Chairman Andrews, dated February 3, 1982, enclosing comments ... 349
Herren Joan K., project director and Jeanette Hummel, State training officer, Head Start Resource and Training Center, College Park, Md., letter to Chairman Andrews, dated March 31, 1982 ... 486
Hosaka, Carol, early childhood education specialist, Kamehameha Educational Research Institute, Honolulu, Hawaii, letter to Chairman Andrews, dated February 18, 1982 ... 368
Huff, Richie, summer Head Start director, Monticello Board of Education, Monticello, Ky, letter to Chairman Andrews, dated March 26, 1982 ... 464
Joens, Jim and Joan, Box 113, Wilmont, Mass., letter to Chairman Andrews, dated March 24, 1982 ... 448
Johnson, Alice, Grayling, Mich., letter to Chairman Andrews, dated April 6, 1982 ... 469
Jones, Constance, home start supervisor, Head Start of the Lehigh Valley, Bethlehem, Pa., letter to Chairman Andrews, dated April 19, 1982 ... 470
Jordan, Tonya, Parent Child Center, Dorchester, Mass., letter to "To Whom It May Concern," dated March 1, 1982 ... 379
Kassel, Alexie, Sr., president, Kasigluk Village Council, letter to Chairman Andrews, dated February 10, 1982 ... 357
Kedelty, David, agency director, Chinle Head Start, letter to Chairman Andrews, dated March 22, 1982 ... 443
Lane, Mary B., project director, Oakland Parent Child Center, Oakland, Calif. letter to Chairman Andrews, dated February 16, 1982, enclosing a fact sheet ... 361
Lownsberry, Betty, Grayling, Mich., letter to Chairman Andrews, dated April 6, 1982 ... 468
Magrab, Phyllis R, Ph D, director, RAP, professor, pediatrics, chairman, RAP Task Force on Response to Head Start Directions for the Next 3 Years, letter to John Busa, Administration for Children Youth and Families, dated November 24, 1981 ... 279
Manheimer, Leo, agency director, Navajo child development program, Western Navajo Agency, letter to Chairman Andrews, dated March 22, 1982 ... 444
Martin, Raphael, chairman, central parent policy council, Navajo Head Start, Fort Defiance, Ariz., letter to Chairman Andrews, dated March 17, 1982 ... 435
McConnell, Jeff, outreach handicap coordinator, Head Start child development program, Daytona Beach, Fla., letter to Chairman Andrews, dated February 15, 1982 ... 394
Montoya, Mary, letter to Chairman Andrews, dated March 16, 1982 ... 403
Moore, Evelyn K., executive director, National Black Child Development Institute, Inc.:
Letter to Chairman Andrews, dated December 29, 1981, enclosing comments ... 340
Letter to Chairman Andrews, dated March 24, 1982, enclosing a statement ... 451
Morrissette-Ndulula, (Mrs.) J, executive director, The Philadelphia Parent Child Center, Inc., letter to Gordon Raley, dated March 4, 1982, enclosing additional information ... 381

Page

New Jersey State-wide Head Start Directors Association, response to "Head Start Directions for the Next Three Years," dated November 25, 1981 286

Newspaper and published articles:

"Early Intervention Is Effective," article entitled, from Educational Leadership 471

"From One Decade to Another: A Positive View of Early Childhood Programs," article from Theory into Practice 474

"Head Start Cut Is Shot Down," from the Washington Post, dated December 23, 1981 483

HHS News, U.S. Department of Health and Human Services, news release dated April 15, 1982 485

"Phase-Out of Head Start Proposed by Stockman," article from the Washington Post dated December 12, 1981 480

"Scrooge 1981," editorial from the Washington Post, December 14, 1981 482

Nichols, Nick, vice-mayor, Eek City Council, Eek, Alaska, letter to Chairman Andrews, dated February 22, 198 367

Parent-Child Center, Dorchester, Mass., 1982 program summary 392

Porcarello, Irene M. PCC director, Family Service Center, Parent-Child Center, Houston, Tex., letter to Chairman Andrews, dated March 9, 1982 408

Raley, Gordon A., staff director, Subcommittee on Human Resources, House Committee on Education and Labor:

Letter to Clarence Hodges, Commissioner, Administration on Children, Youth, and Families, Department of Health and Human Services, dated March 25, 1982, requesting responses to questions by Chairman Andrews 216

Letter to Clarence Hodges, Commissioner, dated April 7, 1982, restating questions from hearing 217

Letter to Gordon A. Raley, dated May 3, 1982, enclosing responses from Clarence Hodges, Commissioner 219

Reese, John, president, National Head Start Association, South Bend, Ind.

Letter to Warren Master, Acting Commissioner, Administration for Children, Youth, and Families, dated August 26, 1981 218

Letter to Warren Master, dated December 3, 1981, enclosing response to "Head Start: Directions for the Next Three Years" 319

Reibsamen, Paula A., migrant Head Start project, Springfield, Ill., letter to Chairman Andrews, dated March 22, 1982 446

Robinson, Debra, Cleveland, Ohio, letter to "Dear Congress," dated April 1, 1982 466

Rodriguez, Mary Lou, letter to Chairman Andrews, dated March 5, 1982 404

Rosin, Ruth, Policy Council chairperson, region 9, Le Sueur, Minn., letter to Chairman Andrews, dated March 26, 1982 462

Salas, Irma, letter to Chairman Andrews, dated March 15, 1982 410

Salazar, Selma, letter to Chairman Andrews, dated March 12, 1982 398

Sifuentes, Romeo, chairperson, National Migrant Head Start Directors Association and Yvonne Bushyhead, chairperson National Indian Head Start Directors Association enclosing response to Warren Master, acting commissioner, Administration for Children, Youth and Families, dated December 2, 1981 296

Skiffington, Sheila A., executive director Woonsocket Head Start, Woonsocket, R.I., letter to Chairman Andrews, dated March 4, 1982 401

Stant, MacArthur L., chairman, Agency Parent Policy Council, letter to Chairman Andrews, dated March 19, 1982 442

Storla, Clarence, president, Economic Opportunity Agency Board of Directors, Washington County, Inc., Fayetteville, Ark., letter to Chairman Andrews, dated November 18, 1981 254

Tykwinski, Mary Ann, mother of a child in Head Start, Ivanhoe, Minn., letter to Chairman Andrews, dated March 26, 1982 463

Vaska, Anthony, representative, Alaska State Legislature, House of Representatives, letter to Chairman Andrews, dated February 8, 1982 356

Wadon, Sandra, Mattapan, Mass., letter to Chairman Andrews, dated March 17, 1982 380

Warren, Joseph A., president, South Carolina Head Start Association, Aiken County Community Action Commission, Inc., letter to Richard S. Schweiker, Secretary, Department of Health and Human Services, dated February 18, 1982 369

Weeks, William A., Head Start, WAMY Community Action, Inc., letter to Chairman Andrews, dated March 17, 1982 436

Woodruff, Geneva, Ph D, director, Project Optimus/Outreach, South Shore Mental Health Center, Quincy, Mass., letter to Chairman Andrews, dated February 19, 1982 ..... Page 371

Young, Hon. Don, a Representative in Congress from the State of Alaska, letter to Chairman Andrews, dated February 10, 1982, enclosing letters from several constituents 227

OVERSIGHT HEARING ON THE HEAD START PROGRAM

TUESDAY, FEBRUARY 23, 1982

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HUMAN RESOURCES,
COMMITTEE ON EDUCATION AND LABOR,
Washington, D.C.

The subcommittee met, pursuant to call, at 10:30 a.m., in room 2175, Rayburn House Office Building, Hon. Ike Andrews (chairman of the subcommittee) presiding.

Members present: Representatives Andrews, Perkins, Corrada, Williams, Miller of California, and Goodling.

Staff present: Gordon A. Raley, staff director; Michelle D. Stent, legislative counsel; Deborah L. Hall, clerk; and Mary Jane Fiske, minority senior legislative associate.

Mr. ANDREWS. Good morning, ladies and gentlemen. Pursuant to its oversight responsibility for the Head Start program, the Subcommittee on Human Resources convenes this morning to review and discuss this administration's plans for Head Start during the next several years. Their plans are contained in a policy paper entitled "Head Start: Directions for the Next Three Years." While certainly not limited to the contents of this document, our discussion will certainly center on it during today's proceedings. Both the document and the discussion are timely, given the almost unanimous consensus of Head Start's worth and the suggestions some months ago by the Director of OMB that the program might best be placed in a block grant and phased out.

Let me say beforehand that the subcommittee—and I believe I can speak for all members—is gratified that the President vetoed Mr. Stockman's suggestion. December seems to have been a particularly bad month for our Budget Director, but a particularly good month for Head Start. Let me also say that I am pleased that the administration's policy paper acknowledges Head Start's effectiveness and seeks only to maintain and possibly increase its enrollment and quality.

Our purpose here today is to ascertain whether these suggestions indeed accomplish their intended purpose or whether, instead, they place us in a position of attempting to fix a wheel which no one seems to think is broken.

The policy paper itself has certainly stirred lively debate. The Office for Human Development Services informs us that they have had some 4,000 comments on the draft. The subcommittee staff has informed me that they believe they have received almost as many

calls. There are several proposals which, if I understand them, seem to cause particular anxiety:

One, restricting program support for Head Start programs only to those whose operations are limited to 6 hours a day, 8 months a year;

Two, terminating parent child centers and children and family resources programs;

Three, limiting per-child cost in "high-cost" projects;

Four, weakening performance standards;

Five, weakening compliance monitoring; and,

Six, moving away from regulations to "guidance and suggestions."

We are here today to explore these issues, as well as others raised by the policy paper and to do so publicly, since, as I understand, the paper will not be printed in the Federal Register. We are here to find out what the Head Start community thinks and, if I may say so, we are here to provide a little "guidance and suggestion" of our own perhaps.

We are pleased that Chairman Perkins, who is chairman of the full Committee on Education and Labor, of which this subcommittee is a portion, is with us. He can't stay long since he must return to another hearing in this same building, wherein the two tragic mine accidents in Kentucky, both of which occurred in his district, are being considered. We welcome you, sir. We think some other members are also on the way.

Mr. PERKINS. Let me observe, Mr. Chairman, that I will be here to help you make a quorum at any time that you need me today. I will be around and available.

This hearing, to my way of thinking, is most important. And I am delighted that you have such an outstanding chairman to head up this Head Start program. It is one of the programs that Mr. Andrews made sure was not block granted. He intervened in every way possible at the White House to keep that from being done. To my way of thinking, it is one of the greatest programs that Congress has ever enacted.

The program was enacted in 1964 as a part of the Economic Opportunities Act, and it is still going. It has done so much for these 3-, and 4-, and 5-year-olds in the country. It really gave them a headstart at the time they were able to enter the first grade. All studies point that out. It is of such vital importance to the people of the country—to the parents, teachers, and everyone else in the communities. We must hold fast to this program.

I don't know of any better individual in the world to protect this program than Congressman Andrews. We will all work together and do our best to protect the Head Start program.

But we must be on guard at all times to protect this program.

I am delighted that Congressman Andrews is opening up these hearings, which will have one effect, and that is to protect your program.

Thank you, Mr. Andrews.

Mr. ANDREWS. Thank you very much, Mr. Chairman. We will call you if we need you.

Mr. PERKINS. All right.

Mr. ANDREWS. We are not as much worried about quorums this morning as we are about kids. That is what we want to concentrate on.

We have a very distinguished group of witnesses for this morning. I would like to start with two of our distinguished Members of the House of Representatives. First, the Honorable Jim Dunn, a Member of Congress from the Sixth District of Michigan.

Jim, we are glad to have you, sir.

[Prepared statement of Hon. Jim Dunn follows:]

PREPARED STATEMENT OF HON JIM DUNN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr Chairman, I want to commend you and the members of this subcommittee for providing this forum to comment on the Administration for Children, Youth, and Families memorandum "Head Start. Directions for the Next Three Years"

I am here today to oppose the option discussed by ACYF that Federal funding for the child and family resource programs [CFRP] as they are presently constituted be terminated by the end of fiscal year 1982 I believe that these programs should be funded through the end of fiscal year 1983 in order to facilitate an orderly transfer of services under the program to other service providers and to allow more time for CFRP projects to prepare the necessary evaluations to effect the technology transfer envisioned by ACYF.

The child and family resource program is funded by Head Start discretionary funds as a demonstration program It serves the family from the time the mother is pregnant through the time the child is 8 years old. The child also attends regular Head Start which serves children from 3 to 5 years old.

The overwhelming majority of families served by CFRP have incomes under poverty level Many of the parents are single Ten percent of the children are handicapped.

CFRP is based on research which shows that the younger a disadvantaged child receives special assistance, the greater his or her chances of leading a successful and healthy life As parents, we all know that young children have many needs. They get sick They need immunizations They may need special speech tutoring and a wide variety of other services during their first critical years of development.

CFRP recognizes the fact that poor families are less likely to be aware or have access to those community resources that can help meet a young child's special needs. It therefore helps the child's parents locate and utilize existing resources. In addition, parents learn more about the needs of their children through classes and home tutoring provided by CFRP.

In 1973, the city of Jackson in Michigan which is located in my district was chosen as the site for one of 10 CFRP programs across the Nation. The program began with 80 families at that time Over 200 families are currently enrolled in CFRP The regular Head Start program there serves a total of 450 families with about 800 children in two separate locations (Jackson and Hillsdale).

HOW DOES THE JACKSON CFRP PROGRAM WORK?

Parents with children under 3 years old who choose to participate are assigned a home parent teacher who visits the family twice a month. During these visits, the home teacher brings in developmental activities to leave with the mother and shows her how to use them with the child until the next visit Nutrition, mental health, and physical and emotional growth are also considered when planning these visits

Each child's current development is assessed with the parent and lesson plans are individually designed to help the child develop to their full potential.

When the child reaches age 3, he or she is included in the regular Head Start classroom. Parents are urged to come in to volunteer and to become involved in center activities. Children are fed nutritionally balanced meals and exposed to a wide variety of learning experiences and materials Teachers hold regular conferences with each parent to report on their child's progress Three year olds are included in a home visit option similar to that provided for infants and toddlers, but also come into the classroom once a week for group activities.

Finally, once the child enrolls in a regular public school, the Head Start staff maintains contact with the school to ensure a comfortable transition.

ARE HEAD START AND ITS RELATED PROGRAMS NEEDED?

A 1979 General Accounting Office study clearly showed that early childhood and family development programs for low-income families are needed The report estimated that 3.7 million young children are "badly" in need of help in order to have a chance to lead successful and healthy lives. Specifically, it noted the following:

"In 1975, about 89,000 women who gave birth received little or no prenatal care, thereby greatly increasing the risk of mental retardation in the new born Health experts have estimated that 75 percent of the incidence of mental retardation can be attributed to adverse environmental conditions during early childhood."

"Millions of children suffer from poor nutrition, a lack of immunization, abuse, neglect and undiagnosed learning disabilities."

"Low-income children as a group perform significantly worse in school than other children. The Department of Health, Education and Welfare (HHS) estimates that 25 percent will drop out before obtaining their high school diplomas Children who fail in school may turn to delinquent behavior."

The ACYF memorandum underscores these findings "Many low income families cannot, unaided provide their children with the services and opportunities which are necessary to foster sound growth and development Moreover, the relationship between poverty and vulnerability in several domains of well-being, and the fact that poor children are at significantly higher developmental risk than non-poor children is well-known, poor children are at a higher risk of illness and have less access to health services, they are more likely to suffer from nutritional deficiencies; and they are more likely to underachieve in school."

Clearly, there is a need to provide and encourage assistance to low-income preschoolers across the country.

IS HEAD START EFFECTIVE?

According to the GAO report, research completed in 1977 indicates that developmental programs for low-income children during their first 4 years of life Produced lasting, significant gains, helped them to perform significantly better in school than control groups of children who had no early childhood development programs; and were most effective when the child starts at a young age and when parents are closely involved in the program.

Specifically, the report concluded that. "HEW has demonstrated an effective program in early childhood and family development with the Child and Family Resource Program."

The ACYF memo agrees that Head Start and its related programs are successful It further states that these programs enjoy widespread support within the administration, Congress and the general public. The ACYF memo acknowledges that "research and evaluation studies indicate that Head Start participants consistently score higher than their peers on standardized tests of intelligence and general ability, and demonstrate improved academic performance as evidenced by both teacher and parent ratings and by independent observations of their actual performance in the classroom."

Specifically, the memo refers to CFRP as a "high quality" program

Thus, I believe there is a profound need for providing and encouraging educational programs for disadvantaged youngsters and that Head Start, the vehicle that the federal government has chosen for reaching this goal, is extremely successful

ACYF DISCUSSION DRAFT

This brings me to the option discussed by ACYF in its draft memo to terminate funding for CFRP by the end of fiscal year 1982. The ACYF memo anticipated an $832 million funding level for 1982 based on the President's September 24th request for a second round of budget cuts for fiscal year 1982 In actuality, Congress has provided $912 million for fiscal year 1982 for Head Start.

In an effort to maintain enrollment levels on an anticipated appropriation of $832 million, the ACYF memo discusses a "substantial reduction" in discretionary funding for Head Start and a shift of resources to local program operations CFRP's are funded from this discretionary funding. Further, the memo discusses facilitating a new "technology transfer", to make available information learned from the operation of CFRP and PCC's.

With a $912 million appropriation for fiscal year 1982, there is no longer a compelling need to abruptly reduce funding for demonstration resources under Head Start and terminate CFRP in 1982.

I believe that Congress ought to fund the 10 CFRP programs until the end of fiscal year 1983 This would allow time for CFRP personnel to seek other sources of funding and to set up alternative services for the families to utilize in cases where the CFRP program will end when federal government funding runs out In addition, it would allow time to prepare the evaluations and information necessary to facilitate the ACYF's technology transfer plan.

Whatever the Administration may finally propose, CFRP's should be assured a minimum of their current funding levels through the end of fiscal year 1983

I urge the members of this subcommittee to give the CFRP program a little breathing room and support its funding through the end of fiscal year 1983.

STATEMENT OF HON. JIM DUNN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr. DUNN. Thank you, Mr. Chairman. I would like to ask that my formal statement be entered in the record, and I will summarize it.

I also have a CFRP-Head Start program in my district and the director provided me with some testimony. I would ask the Chair that that testimony also be included in the record, if I might.

Mr. ANDREWS. Without objection, both will be included in their entirety.

Mr. DUNN. Thank you, Mr. Chairman.

I would just like to echo the remarks of the full committee chairman, Mr. Perkins. It is a pleasure to testify in front of you. I am aware of the role you played in the Head Start program in the past years.

I would just like to briefly summarize why I am here today and why I am involved in this as a new Member of Congress. In taking a look at the young people of our Nation and the poor and the disadvantaged, I came to the conclusion long before I became a Member of Congress that there were three things we had to do if we are going to change their situation for the better. Those three things were: provide a better living environment; provide jobs; and provide education. Head Start is one of those vehicles that provides education.

Let me add that I am not here just as a legislator; I am also here as a parent. My wife and my preschooler join me today, 2-year-old Katie. So I personally recognize the value of getting education early.

The administration has talked about eliminating the CFRP program. The original Head Start program covers the ages 3 to 5 in a school situation. CFRP deals with children 0 through 8 years old. And I believe it fits in with the overall scheme of the administration to concentrate more on family life, because indeed it sends staff members into the homes to talk to the parents, even at the stage of being pregnant, before the child is born, to give them guidance and counseling.

Here's one of the cases in my district that I became aware of. When the staff member first interviewed the mother, the mother wouldn't even relate to her own child, wouldn't even talk to her child. She had a habit of keeping her head down. After 4 years in the CFRP program, not only was the mother relating to her child, but she also had become a volunteer and was serving other youngsters at the school.

So, in the myriad of cases that I looked at—and I have one of these programs in my district that currently serves about 400 families in Jackson—the program has proved to be worthwhile.

This is a demonstration project. It started out in 1973; it is scheduled to end already in 1983. That is basically what I am here today to ask for, is that we continue the funds for the last year through fiscal 1983.

I think there are some very good reasons why we should continue in the funding for the last year, and those are that, in any demonstration project, you have to do the followup work, the finding of the criteria, what was wrong with the program, what went right with it, and the improvements that were made under the program. To eliminate the funding in the last year, I think, would minimize the things that we have accomplished in the first 9 years of the program.

The second area I would like to cover today is the fact that while Congress authorized $912 million last year, the original ACYF proposals only included funding for $832 million. So the administration had not counted on having this extra funding in here. Nevertheless, Congress put it in the larger funding figure. So I don't think they can make a very strong case that the funds aren't there for it to continue in 1983.

Let me simply say in conclusion that I believe in this program, I have seen this program work. We are talking about a 1-year continuation of funding. We are talking about funding that is already available. And I would urge the members to support the program.

I thank you.

Mr. ANDREWS. Thank you, Jim, for your remarks and your support. We need it and I am glad to hear you reiterate that this morning. I also thank your wife and Katie for being here with us also.

Mr. DUNN. My pleasure.

Any questions?

Mr. CORRADA. Mr. Chairman, I don't have any questions. However, I would like to commend Mr. Dunn for his statement. I believe that he raises a matter of deep interest to this committee and that we should carefully and seriously consider his request for the extension of this program that, on a demonstration basis, has already borne fruit and may, through the 1-year extension that we have to consider, provide additional reasons why it should be supported. I want to commend our colleague for his presentation.

Mr. DUNN. I thank the gentleman.

Mr. ANDREWS. Shirley Chisholm, a Member of Congress from the 12th District of New York, wishes to insert a statement. She unavoidably is not here at the moment, but is expected back around noon. We look forward to hearing from her upon her arrival.

Mr. ANDREWS. Next we would like to very much welcome Dorcas R. Hardy, Assistant Secretary for Human Development Services, Department of Health and Human Services, Washington, D.C. I talked with Dorcas about 3 days ago when she was in Florida. We are pleased that she has safely returned and is at the helm again.

Dorcas, we welcome you and any statement you or your colleague have for us this morning.

[Prepared statement of Dorcas R. Hardy follows:]

PREPARED STATEMENT OF DORCAS R. HARDY, ASSISTANT SECRETARY, OFFICE OF HUMAN DEVELOPMENT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman, Members of the Committee, it is a pleasure to appear before you today to discuss the recently circulated paper entitled "Head Start: Directions for the Next Three Years".

Informally known as the "Head Start Strategy Paper", this working paper was intended to outline, in one cohesive discussion, the objectives that we have established for Head Start and the policy options and actions that could be used to reach these objectives. Its purpose was to outline for discussion the possible directions that could be pursued and to decide what is most important to accomplish within the program's current three year reauthorization period.

Mr. Chairman, I wish to assure this Committee, and the Head Start community generally, that this Administration is strongly supportive of the Head Start program. It is, in my view, one of the most important and effective service programs administered by the federal government. Our aim is to improve it further.

The paper was prepared by the Administration for Children, Youth and Families (ACYF) in response to my request for an examination of current policies and practices from the perspective of whether or not they result in the effective delivery of services to Head Start children. I believe it is imperative that we continue to explore ways to make optimum use of the Head Start dollar and to do a more effective job of securing other local resources. I am particularly mindful of the fact that Head Start currently serves only 20 per cent of the low-income preschool children who are eligible to participate in the program. If at all possible, I would like to maximize the use of current resources to increase that percentage and asked that the review of Head Start consider how this might be done.

I wish to emphasize, Mr. Chairman, that the Head Start strategy paper was developed as a discussion draft and no policy decisions have been made on the issues discussed to date. It provided the interested public with information about Head Start issues, policies and actions under consideration and served as a vehicle for stimulating further thought and comment about them. We have used it as a mechanism for obtaining the views of the Head Start community and other groups outside of the federal government, and as a starting point for further deliberation.

Toward this end, we made a strong effort to publicize and disseminate the paper. Over 600 copies were distributed to a wide range of agencies and organizations throughout the country. Examples of groups that received copies include: the National Head Start Association, the Black Child Development Institute, the National Association for the Education of Young Children, the Child Welfare League, the Day Care Council of America, State and other public agencies interested in children's services, individual Head Start grantees and State associations of grantees, colleges and universities, and Head Start technical assistance providers. Copies were also made available to the Congress and to any organization or individual requesting one.

Along with this broad dissemination effort, ACYF addressed a number of State Head Start organizations about the major options under consideration and asked for feedback from these organizations. In addition, several meetings were held at ACYF headquarters with individuals and outside agency representatives who were interested in discussing various aspects of the paper with us.

We also held two briefings for Congressional staff and explained the background and rationale for the paper and its recommendations.

58 0—82——2

Mr. Chairman, I view this hearing as an opportunity to continue this dialogue. I welcome any suggestions which the members of this Committee may have on the merits of our proposals.

Mr. Chairman, I would like, at this point, to give the Committee a brief overview of the content of the strategy paper, including the objectives it sets forth and the issues and policy options it addresses. As part of this discussion I will also summarize the tenor of the comments we have received, particularly with respect to the most controversial issues. I would like to emphasize, however, that many favorable comments were received in support of options discussed in this paper.

There are five major objectives outlined in the strategy paper. The first is to maintain Head Start enrollment.

ENROLLMENT

This Administration recognizes that Head Start can and does make a material difference in the lives of children from low income families, and we believe that a concerted effort should be made, within existing budgetary resources, to

provide enrollment opportunities to as many children as is reasonably possible. Our primary goal over the next three years is to at least maintain current national enrollment for poor children in the three-to-five year old age range, and to pursue ways in which the number of eligible children served can be increased above current levels. In cooperation with other public, private, and voluntary agencies, we propose to pursue this goal in a manner that does not reduce either the comprehensive nature, the quality, or scope of the program.

IMPROVED PROGRAM QUALITY

The second major objective is to improve program quality. We believe, based on available research and evaluation studies, that the quality of child care programs has a significant influence on the extent to which poor and handicapped children realize developmental gains. The improvement of Head Start program quality remains a continuing responsibility that warrants the investment of both staff and financial resources. We are currently moving forward with plans to implement a substantial portion of the qualitative improvements proposed in the Administration's 1982 budget request for Head Start. Implementation of these improvements -- reducing classroom overcrowding and increasing low staff salaries -- were identified as priorities in the strategy paper, in the event of a budget increase. Given the $93M funding increase that has been

made available for this year, we will be able to address these priority needs and accomplish a major portion of our qualitative improvement goal, while also providing resources to projects to help them offset the impact of inflation on program costs.

TRAINING AND TECHNICAL ASSISTANCE

Our third objective is to improve and streamline the delivery of training and technical assistance. The Head Start training and technical assistance program is a support service provided to local project staff to help them manage and deliver Head Start services. It is essentially a capacity-building activity whose purpose is to assist grantees in their efforts to provide services that meet the qualitative standards expected of Head Start. The existing training and technical assistance system, however, is not as responsive to local Head Start programs as it could and should be; it has become overly complex and difficult to manage; and it relies too heavily on the use of contractors. I believe that streamlining the current technical assistance delivery system will enable us to get more mileage out of the resources invested and will make it more effective in addressing grantee needs.

IMPROVED COORDINATION WITH COMMUNITY GROUPS

Our fourth major objective is to improve Head Start's relationships with other public, private, and voluntary agencies and organizations. While unique in many respects, Head Start is but one of the many programs concerned with children and families. Within the localities served by Head Start there are typically a number of other agencies and organizations -- public, private and voluntary -- whose interests extend to target population groups similar to Head Start's and who have key roles to play. Public agencies and private providers of service both have important and complementary functions to perform. These agencies and organizations represent the resources base and the community of interest that can be brought to bear on meeting the needs of low income children and families. We believe it is essential for Head Start to strengthen its links with this network and have proposed ways in which this can be done.

IMPROVED ADMINISTRATION

Our fifth, and last, major objective is to improve the administration and management of Head Start. Our efforts to improve federal administration and management of the Head Start program will be directed toward the simplification of Head Start regulations, the reduction of grantee reporting

burdens, and the implementation of program assessment procedures that place more emphasis on program improvement. Federal administration of Head Start will more explicitly recognize that local Head Start programs are both able and committed to delivering high quality services to the children and families that they enroll. Consequently, the federal role will continue to emphasize assistance to grantees in support of their own efforts to improve the quality of local programs.

These, in brief, Mr. Chairman, are the objectives we have set for ourselves. They provide the framework within which we considered various issues, policy options and recommendations. I would now like to devote a few minutes to highlight the major issues and options contained in the paper, with particular attention to those that have generated the most public reaction. I will also summarize the general thrust of the comments received on each.

One policy option identified in the strategy is the phase-out of "summer-only" Head Start programs. The proposal to phase these programs out and convert them to "regular" Head Start programs (that is, programs of approximately eight months duration) was based on two considerations. The first was budgetary: approximately $4M

could be redirected toward providing additional support for children in the regular, mainstream program in states where summer programs currently operate. Second, the proposal was based on a recognition that the duration of services in these programs is too brief to produce lasting developmental gains for the children enrolled. In addition, it should be noted that the proposed phase-out would be the culmination of a gradual process begun in prior years.

The reaction which this proposal elicited was generally one of understanding. It was viewed as regrettable but necessary under the budget constraints assumed in the strategy paper; it was also acknowledged that summer programs are less effective than full-year programs. It was recommended that we make some provision, in communities previously served by these programs, for enrolling eligible children in the regular program.

One of our options on this issue would be to continue to urge and encourage summer programs to phase-out or convert to regular Head Start programs, but on an essentially voluntary basis, as we have been doing for a number of years. The other option would be to complete the phase-out and conversion of summer programs over a two-year period.

This approach would allow the time programs may need to plan and implement a conversion, and would allow the overall phase-out to proceed in a consistent manner, based on clearly developed guidance from the Head Start central and regional offices.

The second major policy issue raised in the strategy paper is the conversion of Parent and Child Centers (PCCs) to regular Head Start programs. PCC's provide comprehensive developmental services to pregnant women and families with children three years of age and under. While PCC's provide worthwhile and beneficial services to these children and families, they are not directed toward serving Head Start's primary target population, that is, preschool children age 3-5. As part of our general objective to provide maximum enrollment opportunities for low income children in the 3-5 year age range, we are considering converting PCC's to regular Head Start programs during FY 1983.

The strategy paper does not propose to eliminate Head Start services in the thirty-seven communities currently served by PCC's. (All existing PCC projects would be provided with an opportunity to convert to regular Head Start programs.) Nor was it our intention to prohibit these projects from offering services to infants and toddlers if such services

could be supported exclusively through other (non-Head Start) resources. Rather the proposal to convert PCCs was made as a means of providing additional enrollment opportunities for Head Start's primary target population. This proposal was not based primarily on budgetary considerations. Rather, it is essentially a targeting issue. The $11M currently spent on these projects would be redirected to the regular program.

There were several underlying concerns which led us to question the appropriateness of continuing PCCs as they currently exist. These include:

- the rationale for serving younger children when so many 3-5 year olds cannot participate;
- the appropriateness of providing multiple years of service to the same child and family;
- the equitableness of supporting PCCs exclusively in the 37 communities which currently have them and not in any others;
- the unresolved long-term future direction of these projects -- that is, do we simply continue existing PCCs in perpetuity and largely outside the mainstream Head Start program?

The proposed conversion of PCCs to regular Head Start programs elicited a variety of concerned reactions. Outside commentors argued that early intervention is believed to be highly effective, that PCCs are more prevention oriented than regular Head Start projects, and that they are targeted on meeting the needs of high risk populations such as teenage parents. Some felt that, given the increase in kindergarten and other preschool programs, Head Start should move in the direction of serving younger children, where the need for services may be greater. Others believed that the matter should be left to local choice.

Our options would be to continue PCC funding on the current basis, to explore some type of partial modification of the programs, or to phase-out all PCCs and convert them to regular Head Start programs. Again, a phase-out would allow time for individual program planning and consistent guidance and direction to programs from Federal staff.

The third major policy issue raised in the strategy paper dealt with limiting the duration of full year, full day programs. Specifically, this means limiting support for such programs so that Head Start funds could not be used for program operations in excess of 8 months per year and 6 hours per day.

This option was advanced as a way of achieving some of the savings that we felt would be needed in FY 1982 to maintain current levels of program quality and enrollment. If adopted, this policy option would affect approximately 15 percent of Head Start programs; it would not reduce support for the approximately 85 percent of Head Start programs that operate on a part-day basis -- typically 4 hours per day for center-based programs.

The intent of this proposal was not to prohibit local projects from maintaining longer periods of service if they could be provided using other sources of support. It would, however, preclude the use of Head Start funds for full day activities that exceed what is required to provide children with a developmental educational experience.

Reaction to this proposal was largely unfavorable. Respondents argued that this proposal would have a negative impact on the working poor and that it would diminish Head Start's overall benefit to the family. Some believed that it would have little impact on reducing costs because programs would be averse to cutting hours of employment and thereby reducing the already low salaries of Head Start personnel. Others pointed out that cutting back on the "day care" aspect of Head Start would actually result in an overall increase in per-hour costs.

Our options here would be to limit programming to 6 hours per day and 8 months per year, to limit programming to 8 months but allow full-day programs to continue, or to continue the current policy of allowing those Head Start programs which now operate full-year, full-day programs to continue to do so.

The fourth major policy option dealt with limiting per-child costs in those Head Start grantees operating at unusually high cost. As was noted in our paper, wide disparities in cost-per-child exist both among states and among grantees within the same state.

Commentors on this issue felt that because of varying local conditions and program design characteristics, cost-per-child should be an item for negotiation between grantees and ACYF Regional staff on a case-by-case basis. Moreover, it was argued that since non-comparable costs are, at least partly, a function of non-comparable services, it would be difficult to determine an appropriate relative cost without first developing a reasonable basis for comparing services. Some suggested letting each community decide what is a reasonable per-child cost, pointing out that grantees are aware of the tradeoffs between how much is spent on each child and the number of children that can be served.

Although we can identify possible reasons for these disparities -- such as differing local operating environments, program designs, and amounts of non-Head Start support -- we cannot determine with confidence whether they are warranted. On the face of it, however, cost differences are in some instances extreme and their appropriateness open to question. We believe that the feasibility of setting some limit on cost-per-child is a policy issue that warrants exploration. We have, in fact, already undertaken an exploratory pilot project involving 16 programs in order to determine the potential for operating Head Start projects more economically. This project, undertaken jointly with the Department's office of planning and evaluation, will give us a framework for analyzing more specifically the reasons for differing costs among grantees.

The fifth area in which the strategy paper identifies potential policy changes is the delivery of training and technical assistance. Our proposal to improve and streamline the Head Start T & TA system consists of three key elements:

- The establishment of a state-wide T/TA provider system in each state, with responsibility for both general T/TA and Child Development Associate (CDA) training and assessments;

- the utilization of an independent national body, broadly representative of the child development/child care field, to perform a quality control function with respect to all organizations carrying out CDA candidate assessments.
- The establishment of several Child Development Resource Centers to provide specialized technical support to the state-level T/TA providers in areas currently addressed by our Resource Access Projects, our Home-Based Training Centers and the Bilingual/Bicultural Resource Centers.

Most of the comments received concerned the CDA program and were opposed to the proposed changes. Commentors generally felt that:

- The strength and value of CDA lies in its status as a national credential -- that is, nationally awarded, meeting uniform national criteria, having acceptability across state lines.
- The decentralized approach to CDA assessments might diminish candidate motivation to earn the CDA credential.
- The training and assessment functions must be kept separate---that is, there would be a conflict of interest if the organization responsible for training is also responsible for assessments.

- Organizations chosen to carry out CDA assessments must be willing to assess candidates who are not likely to be their students. If universities are chosen, there is concern that their academic orientation might preclude a high degree of interest in competency-oriented assessment.
- Lastly, commentors felt that the concept of having an independent national body play a "quality control" function is a good idea.

Regarding the state-wide T/TA system, there was sympathy for the elimination of contractors as being too expensive and not sufficiently responsive to meeting local needs. There was also a general recognition of the need for streamlining. However, concern was expressed regarding the possible gap in T/TA services capacity that could result from attempting to undertake massive change in a tight time frame.

Concern was also voiced about the abolition of the Resource Access Projects whose functions would be subsumed by the proposed Child Development Resource Centers. It was felt that Resource Access Projects have been effective in improving Head Start's capacity to serve handicapped children and in helping Head Start meet and exceed the 10 percent handicapped enrollment requirement.

Lastly, we were urged not to cut back on funding for T/TA services because less funding might reduce capacity to meet existing training needs of classroom staff, to promote better utilization of local program resources, and to promote linkages with other services providers.

This is a highly complex issue, with a wide range of possible options, which we are continuing to explore.

The sixth and final policy initiative which has generated considerable reaction is our project to review and streamline Head Start regulations.

This project has generated strong public reaction. Commentors were concerned that revision of the regulations might diminish the scope and quality of Head Start services or weaken parent involvement.

Mr. Chairman, I want to assure this Committee that this is not our intent. Rather our goal is to establish a set of requirements that will be clear, concise, enforceable, and provide for continuation of all the basic Head Start

services that are currently provided, and at the same time to reduce the burden on Head Start staff, volunteers and parents who must comply with these rules. We are continuing the review of our regulations and will give the public ample opportunity to comment on the specifics when we publish a Notice of Proposed Rule Making in the Federal Register. We will give careful consideration to all comments that are received at that time.

In closing, Mr. Chairman, I wish to point out that the overview I have provided to the Committee today has been deliberately focused on the most sensitive and controversial issues raised in our paper. You should be aware, however, that the strategy paper contained a total of about three dozen separate recommendations and policy options. Many of these were supported by those commenting on them. For example, favorable comments were received on our proposals to improve volunteer efforts, to strengthen Head Start's relationships with other organizations, to intensify efforts to strengthen parent education and involvement, to disseminate information on effective, moderate cost programs, and on our proposals in a number of other areas.

Mr. Chairman, Members of the Committee, I wish to thank you for this opportunity and for your kind attention. I would welcome any comments or questions you may have.

95-358 O—82——3

STATEMENT OF DORCAS R. HARDY, ASSISTANT SECRETARY FOR HUMAN DEVELOPMENT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, ACCOMPANIED BY CLARENCE E. HODGES, COMMISSIONER, ADMINISTRATION FOR CHILDREN, YOUTH, AND FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Ms. HARDY. Thank you, Mr. Chairman.

First, I would like to take this opportunity to introduce to you the Commissioner of Children, Youth, and Families, seated to my left, Clarence Hodges. After a short statement, I would like to answer any questions. Both of us would be glad to do that.

I believe my formal statement is being inserted in the record, and I would like to highlight some of the comments that we made in that formal statement.

It is not only a pleasure to appear before you today, but also to have an opportunity to discuss with you some of the "Head Start Strategy Paper" ideas, the objectives that we have established for Head Start and the policy options and actions that can be used to reach these objectives.

Mr. ANDREWS. May I interrupt you to share a thought with you?

Ms. HARDY. Sure.

Mr. ANDREWS. The record doesn't show things like this, but let us say it for the record. Let us just observe that there are less than 8 empty chairs in this, the largest of the committee hearing rooms, and there are least 50 people who are standing and not able to sit because there simply aren't enough chairs, even though I believe there must be more than 150 chairs here. There is tremendous interest in this program. We have been all over the country and found this kind of support, this kind of enthusiasm, this kind of attendance. All you have to do is just say the words "Head Start."

Ms. HARDY. That is absolutely correct, Mr. Chairman.

Mr. ANDREWS. That is the kind of support it has.

Ms. HARDY. I found that out when I visited Head Start centers. I think my first comment should be that I want to assure you and I want to assure this committee and the Head Start community and those who are here with us today that this administration is very supportive of the Head Start program. It is, in our view, one of the most important and one of the most effective service programs that the Federal Government administers. Our aim is to improve it even further.

The Head Start strategy paper was prepared by the Administration for Children, Youth and Families in response to my request for an examination of current policies and practices from the perspective of whether or not they result in the most effective delivery of services to Head Start children. I believe that it is imperative that we continue to explore ways to make optimum use of the Head Start dollar and to do a most effective job of securing other local resources.

I am also particularly mindful of the fact that Head Start currently serves only 20 percent of the low-income preschool children who are eligible to participate in the program. I would like to maximize the use of current resources to increase that percentage.

Therefore, I asked that a review of Head Start be done to consider how we might maximize our dollars.

I want to also emphasize that the Head Start paper was developed as a discussion draft and no policy decisions have as yet been made on the issues discussed. The paper provided the interested public with, I think, good information about Head Start issues and policies and actions that were under consideration, and served as a vehicle for stimulating a great deal of further thought and comment. As you mentioned earlier, many people have sent us comments and I think these give us an opportunity for further deliberation.

We have distributed over 600 copies just from our office alone. We have also had several briefings with congressional staff to explain the background and the rationale for the paper and many of its recommendations. I think this hearing today is an opportunity to continue the dialog that has been started.

I would like to give you a brief overview of the five objectives of the paper and the issues and the policy options, some of which you mentioned, that we are considering looking at and the comments that we received.

The first objective is to maintain Head Start enrollment and attempt to increase enrollment.

Our second major objective is to improve program quality. We are currently moving forward with plans to implement a substantial portion of the qualitative improvements that were proposed in the administration's 1982 budget request for Head Start. Implementation of these improvements, such as reducing classroom overcrowding and increasing staff salaries, were identified as priorities in the Strategy Paper.

With the $93 million funding increase that has been made available for this year, we will be able to address these priority needs and accomplish a major portion of our qualitative improvement goals, while also providing resources to projects to help them offset the impact of inflation on program costs.

Our third objective is to improve and streamline the delivery of training and technical assistance.

Our fourth objective is to improve Head Start's relationships with other public, private and voluntary agencies and organizations throughout their communities.

Our fifth major objective is to improve the administration and the management of Head Start.

I would like to highlight some of the major issues and options which were contained in the paper, with particular attention to those that have generated the most public reaction. One policy option identified in the strategy is the phaseout of summer-only Head Start programs. The proposal to phase out these programs and convert them to "regular HSS programs" was based on two considerations. the first was the budgetary consideration; and second, the recognition that the duration of services in these programs is really too brief to provide the lasting developmental gains for the children who are enrolled.

The reaction which this proposal elicited was generally one of understanding, it was viewed as regrettable, but necessary under the budget constraints assumed in the strategy paper. The com-

ments also acknowledged that the summer programs are less effective than full-year programs.

The second major policy issue raised in the strategy paper is the conversion of parent and child centers to regular Head Start programs. While the parent and child centers provide worthwhile and beneficial services to pregnant women and families with children 3 years of age and under, they are not directed toward serving Head Start's primary target population, which is preschool children ages 3 to 5.

The strategy paper, however, does not propose to eliminate Head Start services in the 37 communities that are currently served by parent and child centers. All existing parent and child center projects would be provided with an opportunity to convert to regular Head Start programs. Nor was it our intention to prohibit these projects from offering services to infants and toddlers if such services could be supported exclusively through other non-Head Start resources. Rather, the proposal to convert PCC's was made as a means of providing additional enrollment opportunities for Head Start's primary target population.

The proposal was not based primarily on budget considerations; it is essentially a targeting issue. Eleven million dollars currently spent on these projects would be redirected to the regular program.

The proposed conversion of PCC's to regular Head Start programs elicited a variety of concerned reactions. I think outside commentators argued that early intervention is believed to be highly effective and that parent and child centers are more prevention oriented than regular Head Start projects and that they are targeted on meeting the needs of high-risk populations, such as teenage parents.

Some felt that given the increase in kindergarten and other preschool programs, Head Start should move in the direction of serving younger children where the needs for services may be greater. And then, again, others believed that the matter should be left entirely to local choice.

The third major policy issue raised in the strategy paper was the question of the duration of full-year, full-day programs, which comprise approximately 15 percent of our current programs. The intent of this proposal was not to prohibit local projects from maintaining longer periods of service if they could be provided using other sources of support.

It would, however, preclude the use of Head Start funds, in these 15 percent of our Head Start grantees, for full-day activities that exceed what is required to provide children with a developmental, educational experience.

Mr. ANDREWS. Excuse me. Are you on page 6 of your statement?

Ms. HARDY. I am on page 6, yes, sir. I am reading a shorter version of my statement.

Respondents to the discussion of duration of full-year and full-day programs argued that this proposal would have a negative impact on the working poor, and that it would diminish Head Start's overall benefit to the family.

The fourth major policy option dealt with limiting per-child costs in those Head Start grantees that operate at unusually high costs.

Wide disparities in costs per child do exist, both among States and among grantees within the same State.

Commentors felt that, because of varying local conditions and program design characteristics, the cost per child could be an item for negotiation between the grantees and our regional staff on a case-by-case basis. Cost differences are, in some instances, extreme, and their appropriateness perhaps open to question. But we believe that the feasibility of setting some limit on cost per child is a policy issue that does warrant exploration.

We have, in fact, already undertaken an exploratory pilot project involving 16 programs in order to determine the potential for operating Head Start project more economically. We think that this project will give us the framework for analyzing more specifically the reasons for differing costs among grantees.

We had two other areas that I might draw to your attention. One was training and technical assistance. Most of the comments received concerned the Child Development Associate program and focused on the traditional belief that the strength and value of the Child Development Associate credential lies in its status as a national credential.

Regarding the statewide technical assistance and training system, there was a great deal of sympathy for elimination of contractors as being too expensive and not sufficiently responsive to meeting local needs. There was also a general recognition of the need for streamlining. Respondents, however, prefer that any changes take place somewhat more slowly. We think that this is a very highly complex issue with a wide range of possible options which we are continuing to explore.

Our sixth and final policy initiative that I wanted to bring to your attention, one which has generated considerable comment, is our project to review and streamline Head Start regulations. Commentors were concerned that revisions of the regulations might diminish the scope and the quality of Head Start services or weaken parent involvement.

I want to assure you that this is not at all our intent. Rather, our goal is to establish a set of requirements that will be very clear—not in three different volumes—and concise and enforceable. They will provide for the continuation of all the basic Head Start services that are currently provided; and, at the same time, reduce the administrative burden on the Head Start staff and the volunteers and the parents who have to comply with these rules.

We are in the process of reviewing our regulations and believe that, when they are published in the Federal Register as a notice of proposed rule making, there will be sufficient time for significant public comment on all of our ideas. We will certainly give careful consideration at that time to all of those comments.

In closing, I would like to point out that this overview that I have provided to the committee has deliberately focused on the most sensitive and controversial issues raised in our paper.

You should be aware that the Strategy Paper contained a total of about 36 separate recommendations. We received a lot of support for many of these such as our proposals to improve volunteer efforts, to strengthen Head Start's relationships with other organizations, to intensify efforts to strengthen parent education and

parent involvement, and to disseminate information on effective, moderate cost programs.

I think it has been more than an exercise. I think it has been a good paper. We are still open to comments and suggestions from this committee. I appreciate your attention and would welcome any questions that you may have.

Mr. ANDREWS. Would there be any comments from your distinguished colleague who is, I believe, from Goldsboro, N.C.?

Mr. HODGES. Thank you, Mr. Chairman.

I would just like to add that I am extremely honored to have been asked to serve as Commissioner for the Administration of Children, Youth, and Families. Prior to my acceptance of this position, I was assured by the President, the Secretary of Health and Human Services, and the Assistant Secretary for Human Development Services that this administration was committed to the kinds of services that are being provided by this great program, Head Start.

And since coming on board in just recent months, I have discovered that the Head Start spirit, which is exemplified by the presence of these persons here today, exists also within the administration. I am pleased as I travel around the country and look at the programs and see the kinds of things done for children, talking with parents who are involved, holding children and listening to them tell why they love to go to school. This administration is on the right track in increasing its activities and support, and desiring to expand these services to other children who are eligible but have not been served in the past.

I am pleased to be a part of that effort and I appreciate the opportunity to appear before this distinguished committee today.

Mr. ANDREWS. Thank you very much.

You have an important mission there to work both ways. It is certainly not the attitude of this Chairman nor this subcommittee nor our full committee chairman or any member of the full committee, in my honest opinion, of whichever political party, to seek to cast the administration in some sort of a devious role, or to take credit or take away credit. That is not the point.

We want to work together with you, with the Administration, with all these great people here and all over the country, to make this as effective a program as is possible.

I, for one, don't question your motives. I don't know that I agree with every suggestion you are making, but I don't question the motives. I think you are trying to reach more children and as effectively as possible. As long as that is your goal, you will find us supporting you 100 percent.

Ms. HARDY. Thank you.

Mr. ANDREWS. Mr. Corrada, do you have questions of either of the witnesses?

Mr. CORRADA. Yes, Mr. Chairman. Thank you, Mr. Chairman.

I am very pleased with the commitment made by this administration to support the Head Start program and that it has been saved from cutbacks that are being proposed for other programs under the jurisdiction of this subcommittee and the Education and Labor Committee.

However, I do have some concerns that, through changes in regulations and administrative guidelines, we might be hurting the services provided to the children under the program.

Referring now to a draft document entitled "Head Start: Directions for the Next Three Years" prepared by your office, on pages 4, 7, 8, and 9 of that draft, the administration seems to have presumed an appropriation figure of $832 million for fiscal year 1982. As you are aware, the actual appropriation, or at least the amount of the continuing resolution, is $912 million.

Isn't this amount enough to allow us to maintain the enrollment and maintain quality for fiscal year 1982, without taking the risks implied by the changes proposed? The administration itself admits on page 36 of that draft that these approaches are somewhat noble.

I would like to have your comments on that.

Ms. HARDY. I think both Commissioner Hodges and I can comment on that.

We are certainly aware that the budget for 1982 is substantially higher than what was assumed in the paper. Nevertheless, we feel that there are improvements that can be made in the program. So, many of these areas that we have proposed in the Head Start Strategy Paper we would, in some cases, be supported of.

As I indicated, the more than $90 million increase, will be going to quality improvements in the current Head Start grantee program, such as increasing staff salaries and reducing classroom size. We feel that most of those dollars need to go to those kinds of efforts for quality improvements in the current programs, and that many of these other strategy paper ideas will strengthen the program and continue it in a very positive vein.

Mr. CORRADA. But the original proposals were made on the basis of assuming an appropriation level of $832 million, and not of $912 million; is that correct?

Ms. HARDY. Many of the proposals in that have dollar impacts, yes. But we still feel that if we could have some dollar impacts, we could make our $912 million go further and serve more children.

Mr. CORRADA. Is it your intention to review these proposals in the light of the higher level of appropriation, or do you still stand by your original recommendations and proposals?

Ms. HARDY. We are certainly reviewing them in the context of the current budgetary situation.

Mr. CORRADA. On page 11 of that same document, the administration estimates that if you reduced the full-day programs by 2 hours, you would save $4 million a year. Could you tell how this saving was calculated? As you know, since salary, rent and transportation costs are fixed for full-day programs, that is 8-hour versus 6-hour programs. Aren't your only savings likely to come from reducing salaries and wouldn't that contradict your goals to raise salaries, as stated on page 20?

And, also, if you restrict full-time programs to 8 months, what happens to teachers in those programs? Wouldn't you have to reduce their salaries? Might not many of them have to find other jobs? Would you care to comment on that?

Ms. HARDY. Let me first point out that only 15 percent of our programs—15 to 18 percent of our programs—are operating on the

full-day, full-year basis. We are not talking about all 1,300 grantees throughout the country.

In terms of the calculations, we can supply you with exactly how those were put together. That is an estimate of $4 million and we stand by that. We are still in the process of making those decisions in terms of whether we should cut back on that.

I think we need to look at the total program, not only full-day, full-year. We have some programs that are only operating 3 days, maybe 2 hours. So we have different kinds of programs throughout the country.

My basic concern was that, if we want to try to serve more Head Start eligible children, we could perhaps rotate two 4-hour programs in the same center; that the child who came in the morning could have day care in the afternoon and Head Start experience in the morning, and vice-versa. So that the staff that was there—my personal idea was the possibility that the staff that was there would certainly not be decreased in terms of their salary or their time. Nor would we have a problem with providing day care for working parents. But we would be able to reduce the Head Start dollars that are going for that particular program.

Mr. HODGES. Further, if this particular possibility was adopted, it would have different impacts in different communities. We would, therefore, have to look to see what would be the impact in a given community before we could say specifically what the benefits would be there.

There are those communities that are interested in keeping their costs down in order to be able to serve more children or even in order to maintain the present level of services, in spite of inflation.

This is an option that many are choosing to look at to see if they can keep the costs down, if they can avoid cutting children and, if possible, even increase a few here or there.

But, again, the impact would be different in different communities, such as the transportation requirements. Regarding teacher needs, the teachers for Head Start in those locations where the duration of Head Start services is reduced would have the same kinds of problems as far as summer employment as other Head Start teachers, and also as other teachers in the regular school system. But we are sympathetic to those issues and have considered them—written responses have come in and we have met with particularly leaders of the Head Start associations and others who are interested in these proposals.

Mr. CORRADA. Finally, Mr. Chairman, I would be seriously concerned about the elimination of the summer programs, as this may impact the poorest of the children and also those that, because of the family environment, might find themselves in a very difficult situation during that period.

What are your current views on that option or that possibility?

Ms. HARDY. Like the other options that are contained in the paper, that is under consideration. I should also clarify that the elimination or the decrease in summer Head Start programs has been something that has been going on for several years. When the Head Start program started, it was primarily a summer program. It later expanded into a full-year or 8-month program.

The decrease in summer enrollment has been ongoing and about 15 percent of our projects are summer only. If we are to go ahead and eliminate these programs, I want to emphasize that this would not just be "bingo," and cut people off immediately. We want to work, as the Commissioner has said, with the grantees and find other opportunities for those children in that community.

We would also encourage those summer projects to convert to regular programs, so that those children who are in the summer program would have a full 8-month program in Head Start. Assuming that is during the school months, in the summer months we could hopefully have other opportunities within that community that would provide similar experiences for those children.

Mr. HODGES. I think there are two issues here that you are concerned about regarding summer. One is those who currently receive 12-month services, what will happen to them during the summer if those summer activities are eliminated? And, No. 2, what happens to those who are receiving summer only Head Start and no other services?

We are considering these questions as we look at the various regions where we have those situations. The effort is to convert them so that those children would no longer receive just 6 to 8 weeks of Head Start service, but every one of them will receive 8 months instead of 3 months. For those who are receiving 12 months, where the situation could mean a reduction from 12 to 8 months, then there are other areas that we want to work with, other resources within the communities, particularly departments of parks and recreation, to make sure that there are meaningful activities, though not of a Head Start nature, that would not allow the summer months to detract from what has been done during the preceding 8 months.

Mr. CORRADA. I am concerned, as you know, that some of these other non-Head Start resources that you are alluding to, or at least some of them, are also the subject of severe and drastic cutbacks, so that if you reduce the Head Start services expecting that other support services will be forthcoming from different programs, my concern is that you would be doing that at a time when we may be reducing the financial resources for those other supportive services that you are referring to.

Mr. HODGES. Our looking at these other supportive services would not call for an increase in these services. Our study is looking at the impact of any alterations to our present program. We are looking at these, not only with those agencies that provide alternative services but also with those parents who are involved with our services and who would have to determine for themselves what would be available for their children.

But the great concern is increasing and maintaining the numbers that are being served at least 8 months during the calendar year.

Mr. CORRADA. You see, for instance, I know that in the past Head Start children had benefited from other Federal programs such as medicaid, EPSDT and the USDA food reimbursement, staff moneys from other sources such as CETA which is 16 percent of staff needs, handicapped services, and other social service pro-

grams' contributions. But these are, among others, precisely the programs where the administration is cutting resources.

So I think that you should bear in mind, given the fact that the President has indicated he wants to protect Head Start, that you do not shift some of the supportive responsibilities to agencies that the President is not so willing to support at this time.

Well, Mr. Chairman, you have been very generous with the time and I yield back my time, if any is left.

Mr. ANDREWS. I thought you were doing very well. I didn't want to interrupt you. [Applause.]

Did you have another comment?

Ms. HARDY. I just wanted to make one comment, and that is that your distinguished colleague from Michigan referred earlier to the child and family resource program project. We had indicated that we are continuing to fund that in fiscal year 1982.

Mr. ANDREWS. Very good.

Let me ask this additional question: On page 2 of the draft before us, special staff participation in the development of the paper is limited to Federal and regional officials of ACYF, OHDS, and HHS. Was there any involvement outside of the Department of Health and Human Resources? Specifically, was there any involvement whatsoever from the Office of Management and Budget? If so, please describe that.

Ms. HARDY. In terms of the development of this specific paper? No, sir. There were discussions with a lot of people from the community, plus staff participation, and I am sure many of my staff have had conversations with others who are involved with children services throughout the Government. But, there was no formal discussion with OMB. However, the paper has been circulated widely, inside and outside of the Government.

Mr. ANDREWS. As noted on pages 4, 7, 8, and 9 of the draft, the administration seems to have presumed an appropriation figure of $832 million for fiscal year 1982. As you are aware, the actual appropriation, or at least the amount in the continuing resolution, is $912 million rather than the $832 million. Isn't this amount enough to allow us to maintain the enrollment and maintain quality for fiscal year 1982 without taking the risk implied by the changes proposed?

The administration itself states on page 36 of the report that these approaches are, "somewhat novel."

Mr. HODGES. Mr. Chairman, that is correct. These funds are adequate to maintain quality and to maintain enrollment. The concerns at this point, particularly regarding those children receiving only summer Head Start and those receiving no services, is to make available to them the same quality services particularly that those receiving 8 months are getting, and to do it within the constraints of the present budget.

I think this is where the best minds of all of us are required to come up with the kinds of adjustments that can make Head Start services available to those young children who are getting only 3 months services to get 8 months, and for those that might not be getting any, we can include a few more of those. But, very definitely, the quality and quantity need not be limited and we do not see that it will be.

Mr. ANDREWS. That is the same view we have and, yet, I still don't see how you reconcile that with the fact that apparently the administration sought only $832 million of the $912 million.

Ms. HARDY. No, sir. The paper was put together during the first part of the first continuing resolution. So there were possibilities——

Mr. ANDREWS. But wasn't it based on the assumption that the administration was seeking only the $832 million?

Ms. HARDY. Yes, sir. Yes. I am trying to think of the timing.

Mr. ANDREWS. That was a correct assumption, was it not?

Ms. HARDY. I think it was a correct assumption at that particular point, day, in time. Things have changed since then.

Mr. ANDREWS. Well, I am not aware that the administration ever changed its position with respect to requesting the $832 million rather than the $912 million.

In other words, if I understand it, both of you are saying that it is the position of the administration that you want to maintain quality and maintain at least the enrollment we had. Now, to do that, I take it that you agree that you need the $912 million. I am trying to reconcile that statement on behalf of the administration with the fact, as I understand it, that the administration, at the time the report was drafted, was supporting only the $832 million appropriation level. There seems to be——

Ms. HARDY. Mr. Chairman, I believe when we were drafting this, this was just after the President was asking for a 10-percent or 12-percent cut across the board for all programs—the end of September. That was what our assumption was based on—that was going through the process—and we needed to move this out and get people to respond to it and move it through the system. So that was where the $832 million came from.

Mr. ANDREWS. Well, the administration's request, budget-wise, remained that, did it not?

Ms. HARDY. Yes.

Mr. ANDREWS. And the addition was made in the Appropriations Committee without the support of the administration; is that not correct?

Ms. HARDY. I would have to—I think so.

Mr. ANDREWS. On page 11, the paper states that there is a great range of per-child cost, both from State to State, and even within States. It gives an example of North Carolina, where the per-child cost ranges from $1,400 one place to $2,230 another.

Couldn't one factor influencing higher per-child cost be that some States provide, or some areas of States provide, higher salaries for their staffs and teachers? If you force them to reduce their cost to 125 percent of the State or regional average, aren't you going to cause these grantees to either cut salaries or cut teachers?

Ms. HARDY. I think there is a disparity throughout this country in terms of costs of Head Start. We certainly do not want to do any of what you just suggested, cut staff or cut children or whatever.

What we are trying to get at is, maybe there are moderate cost programs that are doing a very good job and how can we replicate those and bring the high-cost ones down? It is obviously more expensive in some of the cities or in the State of Alaska to run a Head Start program than it is someplace else. We want to acknowl-

edge those differences. But we also feel that there may be some cost-per-child or cost-per-grantee kinds of economies that we can effect and look at and assist the grantee in better management so that we can bring those costs down to a more moderate level.

But we want to recognize the disparities or the differences in different parts of States and regions.

Mr. ANDREWS. With regard to the 125 percent of State or regional averages, did you ascertain that that percentage would be adequate, to the end that there are no places where that would cause either reduction in personnel or teachers or otherwise?

Mr. HODGES. As we looked at that, there never was any proposal or any interest in seeing any reduction of teachers or any reduction in the pay of teachers. We feel that we have found no place where our teachers are overpaid. In most places, they are underpaid, if there is any problem with pay. So there has never been any thought that there should be a reduction of teachers or a reduction in the pay of teachers; rather we want to look at the various possibilities for holding costs down.

We would want to make comparisons. In some States, you could not make an adequate comparison within the State. The area might be very much different from other places within that State. So it might be more reasonable to make comparisons with other areas that have more economic similarities and conditions that would warrant that kind of a pay structure.

So, in this particular proposal, provision would be made to protect numbers of teachers, to protect pay of teachers, but to explore and to look at other ways to keep costs down that might make it possible to keep enrollment up.

Mr. ANDREWS. I believe you state somewhere in the report, the average salary of teachers is about $7,000. That is quite low, isn't it? While I would agree with everything you say, I still don't know how you relate that to the figure of 125 percent. How do you?

Ms. HARDY. The 125 percent is not something that is cast in concrete. I think it is illustrative of a concept of taking over x percent, it could be 50, 40, whatever it should be over 100 percent. And I think if we are going to go in this direction, we need to go back and make sure that that percentage is accurate and fair. Maybe regional comparisons could be made.

Mr. ANDREWS. I would suggest that that figure quite possibly is not high enough. I would ask you to review and determine in actuality rather than just in concept, in actual dollars whether that is going to enable the salaries to remain at least as high as they are; and whether the number of teachers can remain stable; and whether the teacher-pupil ratio can remain at least as favorable as it now is.

I can't say that it isn't adequate, but I question that figure. Unless you can offer us some evidence to support how you arrived at the figure of 125 percent, I would certainly suggest that you review it and, at some point, be able to assure us that your final figure is in fact adequate in amount to accomplish what you just said.

Mr. HODGES. We will do that. At the same time, that 125 percent was intended only as a flag to say, "Look at the cost of those that

are more than 125 percent." So, very definitely, we will follow through with that recommendation.

Mr. ANDREWS. So your intention is not to mandate whatever figure you place here, be it 125 or otherwise. Are you simply saying that, if the cost exceeds that, you would take that as an indication that some minute examination of the cost of that particular program should be conducted rather than limiting funds to that figure?

Mr. HODGES. You are correct, Mr. Chairman.

Mr. ANDREWS. With that I have no argument. It seems to exceed cost.

On page 12, the paper presents a plan to consolidate small grantees which are "geographically proximate." Wouldn't that result in larger child-to-teacher ratios? Might not this also encourage classroom overcrowding? Wouldn't this contradict goals to increase quality listed on page 20?

Ms. HARDY. We have had quite a lot of discussion, Mr. Chairman, about consolidation of small grantees. We feel that might be possible to do in some areas, but I think it would be difficult in a large rural area, for example.

Mr. ANDREWS. Transportation costs is one.

Ms. HARDY. Exactly. That would not be cost effective.

But if we have two or three small grantees in one area, I think we could look at some of the possible economies of scale that could be put together and how we can make that whole group more effective. We would certainly not want to decrease staff, or increase the child-to-staff ratio.

Mr. ANDREWS. That seems to me to be reasonable. I think consolidation would be cost effective and promote quality in certain instances. But, again, I don't think, as I believe you would agree, that to overemphasize the effort to consolidate would be wise. I hope you are going to look at them one at a time rather than just coming up with some policy that is applicable to all.

Ms. HARDY. I would hope that we would have conversations with those particular Head Start grantees and say, "Listen, we have four of you here in this geographic area. Can we encourage you to merge and consolidate, and how can we be of assistance to you?"

Mr. HODGES. We would be sensitive to their community needs and to their organizational structures, to boards that are in place and corporations. The total picture would be a part of our process to look at and examine and to be sensitive and responsive to the needs of the local area.

Mr. ANDREWS. Very well.

On page 17, your paper states that you intend to reemphasize existing policy on Head Start resources as the "dollar of last resort." What is the source of this existing policy? Is it stated anywhere in the law or its legislative history? How long has this policy been in effect, and exactly what have you done as a result of this policy?

Mr. HODGES. Could you repeat the page on that?

Mr. ANDREWS. It is on page 17 of your report.

There are several questions in that. Let me send the question in writing down to you so that you will have a fair opportunity to follow it.

Mr. HODGES. We appreciate that.

Mr. ANDREWS. Frankly, we are trying, among other things, to get you on record as to what some of this means, and I don't want to do so unfairly. I think with regard to all the questions henceforth, we would like to hand to you in writing so you can see exactly what we are asking you to answer.

Ms. HARDY. I appreciate that.

Mr. ANDREWS. May I say this: I have 12 of these questions. I am going to submit all of them to you in writing. If, after today, you want to supplement your response to these questions in any way, we will leave this record open. We are not trying to be tricky about it. We want to work with you. It is our responsibility, as well as yours, to work with you to try to see that we maintain the quality and quantity of which you speak.

So if you will read that particular question and respond to it.

Ms. HARDY. Thank you, Mr. Chairman.

It is my understanding that, in terms of the "dollar of last resort", the Head Start law specifically encourages us to try not to duplicate services. And I think the existing policy guidance that we have talks about "dollar of last resort". So we are encouraging the grantees to make use of as many services in the community that can provide additional services to those children, to insure that the direct services, the social services, medicaid, and EPSDT that your colleague was talking about, that those services are provided and that they go to that source for those services.

Mr. ANDREWS. That is fine. But if you will, reread the question now. Specifically, what is the source of this existing policy? Could you tell me that explicitly? Is it in the law or is it in the legislative history, or did someone over there come up with it?

Ms. HARDY. I would have to look back. It is my understanding that it is in our policy guidance to the grantees and that it is a departmental interpretation of the law.

Mr. HODGES. We will identify it specifically, Mr. Chairman.

Ms. HARDY. I do not have the page, whatever it is.

Mr. ANDREWS. Well, that is fair.

I am partly referring, as you well know, back to the question Mr. Corrada asked. A lot of these resources you seem to rely on have been and are threatened to have ever reduced resources, CETA, medicaid, and the others, from which you have been drawing support. Those supports are becoming less and less, budget after budget. I don't see, without increasing your resources, how you can maintain, as you say you intend to do, both the quality and quantity of outreach of these programs, in view of the cuts that are being requested elsewhere.

It seems to me that this "dollar of last resort" should be interpreted not just as the funds within your program, but the funds that are in the community where each particular program is attempting to function. That is to say the combined resources that are available.

On page 21, the paper talks about "performance indicators." I am attempting to emphasize the word "indicators." How do these compare with performance standards? Why is there no mention in the paper of performance standards? What are your plans with regard to performance standards—standards as opposed to indica-

tors? We have dealt with performance standards, I think, since the program was conceived, as the Chairman says, in 1964.

Somebody has apparently, intentionally, avoided that term in this particular paper and has substituted "performance indicators"; am I correct in that? If so, why have you done that?

Ms. HARDY. No, it doesn't sound accurate. Let me see if I can get this straight. The performance standards are the ones that are in the regulations. There are more than 100 performance standards which Head Start grantees operate by, having to do with nutrition, delivery of services, lunches and everything else.

Performance indicators are really internal departmental indicators, both within the Head Start program, within the Administration for Children Youth and Families, within the whole Health and Human Services area. These performance indicators have to do with the number of children, for example, who have received immunizations. We set performance targets for all of our staff and our grantees, for example, of having 90 percent of our children at Head Start immunized.

They are measured quarterly as a management tool for us to see how well we are doing. If we come up with only 5 percent of our Head Start children being immunized, we both, Mr. Hodges and I, certainly know that there is something wrong.

So I see those as indicators of management performance.

Mr. HODGES. These indicators help us to see how well we are doing with the standards.

Mr. ANDREWS. In other words, you don't see those as contradictory. You see indicators as being something like a thermometer, whereby you measure whether you are meeting the standards. It isn't intended to replace standards.

Ms. HARDY. No, sir, not at all.

Mr. HODGES. That is correct.

Ms. HARDY. As a management tool, right.

Mr. ANDREWS. It is still odd, though. I can't say. The staff tells me that the words "performance standards" are eliminated for the first time from this total document, that there is no phrase "performance standards" in the document at all.

Mr. HODGES. Apparently——

Mr. ANDREWS. What you are saying orally is that performance indicators are a means by which you seek to determine if your performance standards are being met.

Ms. HARDY. That is correct. Performance standards are in the regulations. This is not discussing a lot of—these are more management kinds of things.

Mr. HODGES. What is included in the strategy paper, for the most part, considerations for change. There is no thought of considerations for change in the standards. Therefore, there is no mention of the standards here.

Mr. ANDREWS. Would you consider—if there is any redrafting—would you consider placing into your revised or final draft whatever you may say about indicators, and that such ascertainment of performance indicators are for the purpose of determining whether the performance regulations or standards in your overall policy are being implied, to the end that they will comply? Would you reiterate, in other words, in your draft, that the intent of making these

ascertainments from time to time are for the purpose of assuring that your performance, as set forth in your regulations, are in fact being met?

I think that would offer a lot of us the same reassurance you are giving us orally.

Ms. HARDY. OK.

Mr. HODGES. That would serve to clarify.

Ms. HARDY. We would be glad to do that.

Mr. ANDREWS. A better way to put it is as a matter of clarification—just so we will have it in writing. We don't necessarily have to have it in concrete, but we would like to have it somewhere.

Gordon, do you have a copy of number 10?

This one, as you see, is rather lengthy, so let me get it in your hands before I start reading, in all fairness.

On page 26, with regard to training and technical assistance, the paper reports that you plan to move away from contracts toward grants and cooperative agreements to get more flexibility. The paper says that contracts are more expensive, and that Federal contract procurement is very lengthy and burdensome.

But didn't we make the move to contracts away from grants some years ago because they, that is the contracts, provide more legal recourses for the Government to recover funds if work is not performed? Don't Federal contract procedures provide the best assurance that quality work is done for the most competitive price? Don't contracts provide more protection against "sweetheart arrangements" than grants or agreements? Does this suggestion apply only to training and technical assistance, or do you intend to implement this throughout OHDS?

Ms. HARDY. I think this section has to do with restructuring the training and technical assistance system and how we would suggest doing that. The system, we believe, currently is too federally directed and too controlled through contracts, which are a very controlling mechanism. Furthermore, we don't think they are as responsive as they should be, because we are talking about nationwide contractors to locally determine needs for technical assistance.

We are looking at ways in which we can provide technical assistance, either directly by grantees if they want to purchase their own technical assistance, or if we want to have multiple technical assistance staff people at some kind of a local level. There are all sorts of options.

So I think it is more a question of restructuring the technical assistance than a question of getting into grants versus contracts. Grants and cooperative agreements are more flexible, but that is not the issue here. Our issue is really moving from a national contractor, one or two national contractors serving the whole Nation, to more locally provided training and technical assistance.

Mr. ANDREWS. But you can have other contractors other than nationally. You can make a contract anywhere you can make a grant. It is just a matter of choosing between the two. You can contract for the services in one community.

Ms. HARDY. Correct. But the training and technical assistance that we have currently are provided under national contracts. And the issue is here whether we should move from a nationally based instrument to more locally based instruments. Those could be con-

tracts between the local Head Start grantee and a technical assistance person.

I have no problem with having contracts. I think contracts are a very good instrument and protect the Federal Government.

Mr. HODGES. On this, Mr. Chairman, what we have had is a mix of some grants and a larger number of contracts. The suggestion here is to change this, not to go all grants just as we were not all contracts, but to change that balance so that there will be more grants as compared to our current mix of grants and contracts.

One of problems is that, once you start a contract and a local agency decides they need something slightly different, it becomes extremely difficult and time consuming to make an adjustment to that contract, whereas, it would be easier to have flexibility with a grant. The purpose and the suggestion here is not to do away with the contracts, but to change that mix to some extent where we will be using more grants than we have been using in the past to provide more flexibility and opportunities to adjust to changing needs as we move through the contract period.

But I think there is a very definite need to protect ourselves when there are grants used, providing the kinds of protection that we normally see in a contract. I think our current system does protect already against sweetheart grants. It is an involved process also which has protection and involvement of many persons before a decision is made.

Mr. ANDREWS. I wouldn't presume to suggest that I or anyone could sit here and dictate the answer to that dilemma. I think you do get more flexibility. You can make changes in the process better in a grant situation than you can in a contract situation. I agree with you as to that.

On the other hand, I would admonish you to realize that this sometimes is typical of the new coach, or the new anybody. This route has been traveled over the years. There has been this argument: flexibility, yes, is better with the grant; but it was determined some years ago, after years of debate and examination—the GSA and others participated in that. Very extensive examination indicated that, yes, there was more flexibility in grants, but not as much assurance of quality and not as much assurance of retaining that cost that was initially agreed upon. In the grant, the costs are not held by a contract, hence, they tend to float up, and quality tends to float down. That is the flexibility that frequently results.

I don't think that I or anyone would want to try to mandate in a law what you use in a given situation. I think you can best make that determination. But I just admonish you, as you seem to lean more to the grants, to realize that your predecessors over a long period of time with the help of a lot of good people caused us to be now in this ratio of more contracts to grants. I wouldn't just precipitously, in order to get more flexibility, make drastic changes in that.

Again, I don't think you should be limited. That probably is within your discretion. But just be careful.

Mr. HODGES. We shall.

Mr. ANDREWS. I see Mr. Williams has joined us, and Mr. Bill Goodling. I am taking too much time. We also have Mr. George Miller of California.

Let me cease asking these questions and defer instead to whoever arrived first among the three. Who was it?

Mr. Williams.

Mr. WILLIAMS. Thank you, Mr. Chairman. I am delighted that you looked up.

Ms. Hardy, in the writing of the paper, directions for the next 3 years, you obviously wanted to receive as much staff participation and, I assume, public comment, as you could. Can you tell us about that participation and comment? I would be interested in knowing generally the quality and quantity of the public's participation and comments.

Ms. HARDY. We received over 3,000 comments from people throughout the country. We have also had the opportunity to meet with congressional staff, and we have also met with Head Start association people, many of the Head Start grantees, many of the parent child center persons, the whole range of other constituents who were involved in this issue.

We circulated the paper beginning the end of October and in early November, so that it has been out for over 3 months, and we feel that we have received a lot of good reaction and many comments, some positive, some negative. We are in the process of weighing all of those.

Much of my presentation earlier was intended to lay out the pros and cons of the kinds of things that we have received in many of these areas.

Mr. WILLIAMS. You have had ample time to analyze the comments?

Ms. HARDY. We are in the process of doing that. We feel that we started getting comments way before Christmas. We are in the process of doing that and continuing our dialog with you all. Then we see moving forward to make some of these decisions.

Mr. WILLIAMS. Did you accept the comments on a regional basis from across the country?

Ms. HARDY. No; many of the comments were directed to our regional offices, but they were forwarded to Washington. Most of the comments came directly into Washington.

Mr. WILLIAMS. Did you have a good section of comments from across the entire Nation?

Ms. HARDY. Yes.

Mr. HODGES. Every State, and it appears that almost every city, is represented in the comments that came in.

Mr. WILLIAMS. With regard to the question of the continuation of Head Start—and I understand that there is a commitment to continue it—but with regard to that question, how were the comments, pro or con?

Ms. HARDY. I think there is great support throughout the country, especially from people who are interested in child development, that Head Start is an excellent program and should definitely be continued. That is the administration's position as well.

Mr. WILLIAMS. On page 9 of the paper, I note that there is a planned elimination of the summer programs. Did the public comment about the summer programs?

Ms. HARDY. Yes, they did comment about the summer-only programs, and about 15 percent of our programs are currently

summer-only programs. Many of the comments expressed the belief that that is really too short a time to have an impact such as Head Start can have over an 8-month period.

Mr. WILLIAMS. I guess that leads me to ask whether there is any empirical evidence that would indicate that an 8-month Head Start is more advantageous to a child than a full-year Head Start? I note that on the next page of the report there is the indication that there are plans to restrict Head Start programs by 4 full months.

Mr. HODGES. We have looked at our Head Start programs across the country and the kinds of things they are doing for children. Head Start initially started as a summer program. We saw immediately that there was a significant difference when we began changing to 8 months, and that this difference made the difference that was needed for these children who otherwise would have been beginning school behind their peers, agewise. We have discovered that 8-month programs are adequate and more than adequate to produce the kinds of results we seek—and they are producing outstanding results.

When we look at the need to serve those children who are getting only 3 months, the question arises: How can we give them 8 months? When we look at the need to serve the hundreds of thousands of others who are Head Start-eligible and need such services and are not getting any, the question is: How can we give 8 months to those children?

We realize at this point in time we cannot serve them all. But there is strong interest in the community—in the Head Start community—those that are not receiving these kinds of services—there is a strong interest in providing at least 8-month services to those who are eligible.

Mr. WILLIAMS. I will accept the contention that 8 months are better than 3. However, I am wondering if you have evidence about the number of children for whom it is 3 months or nothing. In other words, if you close the summer program, you have closed them out of Head Start.

Mr. HODGES. We would be opposed to that, Mr. Congressman.

Mr. WILLIAMS. Do you have evidence that that in fact will or will not happen, when you close, as you intend to do, the summer program?

Ms. HARDY. Well, we have 8,500 children in the Head Start summer programs. What the Commissioner is saying is that if we go ahead with this, we are going to be working with phasing those children into a total 8-month program.

Mr. WILLIAMS. Have you examined the percentage of the 8,500 who, because of family conditions or whatever, cannot transfer into an 8-month program, can only have the 3 months Head Start experience?

Mr. HODGES. We are not aware of numbers of parents that would have that kind of problem. We have looked to see if there are communities where there is no 8-month program. If there are communities where the only program they have is a summer program and where they do not have facilities or an ability to go 8 months, those children, should this be a blanket decision, would then be out of Head Start. And we are concerned that this not happen in those

communities. So there is a concern that children who are receiving 3 months are not denied their 8 months.

Mr. WILLIAMS. I am pleased to hear and not surprised to hear that that is your concern.

Now, let me follow up then on another question that I asked Do we have empirical evidence that an 8-month experience is better than a 12-month experience?

Mr. HODGES. No, we do not.

Mr. WILLIAMS. On what basis are we going then from 12 months to 8?

Mr. HODGES. That particular recommendation is strictly on the basis that 8 months is adequate and more than adequate. Those programs that are providing 8 months are providing those children with what they need to have at Head Start. That reduction would be based, not on an improvement of the program, but only to make Head Start available to more of those who are now getting only 3 months and those who are not getting any. That would be the only benefit, to give more to those who are getting less.

Mr. WILLIAMS. I found your previous answer more logical and rational—that is with regard to the summer program—than this latter answer. It seems to me that we might have the tail wagging the dog in this situation. We have got to balance the budget and we are trying to find ways to it and we are taking a look at Head Start and said, "Gee, the children that go for 8 months really get a good experience here. Therefore, we shall cut 4 months out of the national Head Start program and everyone shall go 8 months."

I wouldn't want to do that unless we had evidence that that 12-month experience was indeed not better than an 8-month experience. If you don't have that evidence, then I don't understand the basis under which you are making that cut. [Applause.]

Mr. HODGES. The evidence is that 8 months is better than 3 months.

Mr. WILLIAMS. But is it better than 12?

Mr. HODGES. No, no, it isn't; 12 months is better.

Mr. WILLIAMS. Than why are you cutting it back?

Ms. HARDY. We have 15 percent of our programs that are at 12 months. We have 85 percent of our programs that are at 8 months. We believe that we can serve more children for 8 months instead of zero, no months, for 80 percent of the eligible children for this program. We are trying to increase the number of people who are in Head Start.

I think one of the discussions that we have had is this is one of the ways, this is an option available to us.

Mr. HODGES. We would love to serve all of them 12 months, Congressman. And we agree with you for that kind of need. The problem only comes that we cannot do it. For some, we can only give 3 months presently, and some, none.

Mr. WILLIAMS. Why can't we do it?

Mr. HODGES. We don't have the funds.

Mr. WILLIAMS. Thank you, Mr. Chairman. I think I have gone over my time. I appreciate the generosity.

Mr. ANDREWS. Mr. Miller, could you let Mr. Goodling ask his questions?

Mr. MILLER. Sure, he was here before me.

Mr. ANDREWS. All right. Let us call on Mr. Goodling.

Mr. GOODLING. Since this is not my subcommittee, I really don't have any questions, just a couple comments. This is a program which often runs on a pretty rocky road. It took a while until it became properly organized. Since it has, it has become publicly one of two of the most important programs—maybe the only two in education that we really have done very much good about. These two would be Head Start and title I.

Did I hear you say—as I said, this is not my subcommittee—we are now only serving 20 percent of the eligible youngsters?

Ms. HARDY. Yes, sir.

Mr. GOODLING. So, what you are trying to do is find some way to take the money that the Congress has given you to cover more youngsters?

Ms. HARDY. Yes, sir.

Mr. GOODLING. Having been an educator for a long time, I know that educators, more than anyone else, get very upset when anybody makes any changes. We are subject not to want to change. But I certainly hope that we can find some way to do much better than a 20 percent coverage because, as I indicated, we are just beginning—in some of my areas, for instance—to find out how important Head Start and title I have been. As the youngsters get into seventh, eighth and ninth grade, we see the patterns of other brothers and sisters who had gone through school earlier.

We didn't have a Head Start program when I was in the school districts, so I had to use my title I money in order to run the Head Start program. We did that and now we are seeing how it paid off.

So, I would say just scrutinize the budget and make sure the money is getting to the youngsters and not too much for travel, in-service, or visitation, or something of that nature. But that we must concentrate our efforts. I will be anxious to see what recommendations you have and how the subcommittee, when they come before full committee, reacts to your recommendations. It has developed into an outstanding program for an awful lot of youngsters that otherwise would not have had very much of a chance by the time they reached the first grade.

Ms. HARDY. That is very true and we are very committed to the program.

Mr. GOODLING. I have no questions, Mr. Chairman.

Mr. ANDREWS. I am not too good at dates, but I might just say that I remember when I first started working with Head Start legislation—I don't know what year that was exactly—something like 5 years ago—we were striving hard to get it up to 15 percent, to serve 15 percent of the eligible children. That represents, percentagewise, an increase of more than a third. We have increased by more than 33 percent the number of children being reached by Head Start in I believe less than 5 years.

Does anybody remember? About the time I became chairman of this subcommittee, we were serving less than 15 percent and trying hard to get to 15 percent.

Mr. GOODLING. I would imagine that other school districts are doing as we did, using some of our title I money to try to do some of the things that the Head Start people are doing.

Mr. ANDREWS. I hope so.

Mr. GOODLING. In our area, we didn't have any choice.

Mr. ANDREWS. Thank you, sir.

Mr. Miller.

Mr. MILLER. Thank you, Mr. Chairman.

Ms. Hardy, I would like to follow up on what Mr. Williams asked with respect to the 8 months versus the year. That is, I am still confused somewhat how you made the determination that 8 months is in fact sufficient.

Ms. HARDY. We have had a lot of research that has taken place over the last 15 years of Head Start. It is my understanding that more extensive experience than when the summer program, when Head Start first started, is needed in order to give a child a good Head Start experience.

I suppose that I could go back to the research and decide whether it is 8.1 or 9.2 months that is better, but we have settled on 8 months, and I am sure there is data that supports a good, total program for 8 months. We also have to remember that it has been effective for 85 percent of our children in the Head Start program. They are running on an 8-month program. That is suitable to their community and they have been successful in doing that.

Mr. MILLER. I understand that. But I still don't quite understand what it is in that research that led you to the 8-month figure. Did that research compare children who went through a 12-month program with an 8-month program?

Mr. HODGES. Mr. Miller, that research basically indicated that 8 months was far superior to 3. It would probably also indicate that 12 months is superior to 8.

Our problem is, if we had children that needed coats and we could give coats and sweaters to some, should we give coats to all or coats and sweaters to some? And this is an issue that has not been decided yet, but one that we are studying.

Mr. MILLER. What concerns me is whether or not the coat you then give them keeps them from freezing to death. [Applause.]

You are talking about a policy change that is important. And unless I know what the difference is between 8 and 12, it is not terribly important for me to know that 8 is better than 3 because nobody is talking about cutting it back to 3. What is important for me to know is what is the increment of benefit between 8 and 12.

I am just simply asking whether or not there have been comparative studies between children who participated for 12 months and children who participated for 8 months. That is an important factor to know when you are considering the change.

Ms. HARDY. We can go back, Congressman, to the research, and I am sure with all of the research that has been done on Head Start there may be some that would answer that specific question. I think our premise at the moment is that we have 85 percent of our children for whom we are not suggesting change. We also have some programs that——

Mr. MILLER. But if there is a difference in performance levels it is pretty hard to carry the precepts of the paper if, in fact, there is a significant difference between 8 and 12 months. It is pretty hard to say that we are going to improve the overall quality if what we are really doing is bringing it down to a lower common denominator. That would be my concern.

I don't want to be antagonistic, but I am just very impressed by evidence as opposed to statements. I want to know if there is something to back that statement up.

Then I would like to know whether or not you are talking about running a year-round program for which you will only have 8-months eligibility per child? Or are you talking about a program that starts in September and runs until June?

Ms. HARDY. We are talking about a program that runs September until June, as 85 percent of our programs currently run.

Mr. MILLER. OK. Let me ask you this: In the consideration of that evidence, it seems to me that, from time to time, we have been presented with evidence—and I don't know whether it is with respect to Head Start children, but I think there are some indications with title I students and perhaps Head Start students—that there is a backsliding during the summer months. We have had various pilot programs to try to deal with the problem of backsliding after you have given concentrated services to children.

I guess one of my concerns would be that, if we are going to create a so-called summer-months gap here, whether or not there would be slippage over the 3 months from the time the child completed Head Start and entered regular school. I think that is a very important factor. If we are going to invest a very substantial amount of money and then we lose those gains, that would also be of concern to this committee. It seems to me, if my recollection is at all correct, that that has been the situation with special populations; that there is in fact a slide back.

Do you know if you have looked at that in relation to 8- versus 12-month programs?

Mr. HODGES. That is an issue, and that is one reason that it is an issue. There is slippage. As we look at our regular Head Start program, that has been the basis for this. The regular program is 8 months. The regular program has proven to be adequate for those children and has made a great difference and those children are moving ahead.

The 8-month concept is tied to the tradition of the regular school year, and with the entire school system, grades K through 12, there is the same kinds of slippage. But what we have discovered is that Head Start has given such a great opportunity to those young people who are in Head Start, that even with the slippage of the summer months, they still have the head start that the program was intended to give. The regular Head Start, which is an 8-month program, has provided that kind of advancement.

Mr. WILLIAMS. Will the gentleman yield?

Mr. MILLER. Yes.

Mr. WILLIAMS. I thank the gentleman for yielding.

Do we know where these Head Start programs are, these 15 percent that will receive a reduction of 4 months? And do we know the condition of the children who attend those programs? Are affecting the poorest of the poor here? Who is it we are going to affect?

Ms. HARDY. Mr. Williams, we would have to return to you with specific places and sites. It affects apparently about 20 States that are involved in this. It is not all 50 States.

Mr. WILLIAMS. I see.

Well, if the gentleman will yield further, I think it is clear, George, that the decision was made on the basis of dollars, not any evidence, as to whether 8 is better than 12. We are not even sure where these students are or what programs are going to be closed.

I don't mean to be harsh with the witnesses, because it is very difficult to come here with all of the information in your head and be able to answer every question. But I think we have heard enough to know that the budget is ruling this part of the safety net.

Let me ask this question. How much money are we going to save by doing this?

Mr. HODGES. We wouldn't save any money. We are not after saving money; we are after serving more children for a longer period of time. The savings would be the saving of children Those who are now receiving only 3 months would be receiving 8 months. Basically, that is where the savings would be.

Mr. WILLIAMS. Thank you, George.

Mr. MILLER. Why did those programs that are 12 months elect to go 12 months?

Mr. HODGES. I could not speak specifically to those individual programs. They had the opportunity and there are advantages for going for 12 months. As you have indicated, there is the avoidance of slippage. That is a great advantage. I am certain that is probably why most did.

Mr. MILLER. Why couldn't we go to 12 months for everybody then, if that is such an advantage?

Mr. HODGES. It is a budgetary problem. We just don't have the financial resources to do it.

Mr. MILLER. I guess what bothers me is that this has been about the third or fourth time in this committee where we have been told how well a program works, but it is going to be cut, and nobody has disputed that the program works. Nobody disputes how WIC works. The evidence on title I is clear. But these budgetary decisions seem to roll along and, in fact, gobble up the programs in any case.

I don't expect you to respond, but that is what is disturbing. And here, it is very disturbing to see the same situation take place for a program that many of us have believed for many years has worked; the program that the Congress has refused to cut several times last year when given the option, a program that is embraced by the White House. If it is so damned successful, and so helpful to these children, why don't we extend it? That is not your determination. That is an OMB determination. But I just find it incredible that you can stand before the public and say that here is a program that helps break the cycle of poverty, that is so all consuming at the White House, but you are not going to let it work to its best ability. I just find that quite amazing.

The other thing that I find quite amazing is exactly how it is we are going to be able to maintain the standards and the delivery of services, even if you go to 8 months, when you consider the other services—and there was some talk here about last resort—you consider other services that are made available to Head Start programs that simply aren't going to be there this year or next year How is that going to happen?

Ms. HARDY. We received a $93 million increase in the last budget year. We anticipate that many of those dollars will go to increasing staff salaries and to reducing program size in the classroom. And we also think that many of those dollars will be used by the Head Start grantees to perhaps supplement some of the services that they have not been able to avail themselves of this year in their community.

But I also think that there are other opportunities for reaching out through the volunteer programs that we have gotten a lot of support for, through other parts of the community working with Head Start.

Mr. MILLER. That $93 million is what, compared to inflation? How much of that is new money?

Ms. HARDY. All of it is new money. It is new money, $818 million last year and $912 million this year.

Mr. MILLER. But we have to do as the Department of Defense does, we have to talk about subtracting inflation. Then we are talking about real new dollars. Because some portion of that $93 million—whether it is 6 percent, 7 percent or 9 percent—is going to be gobbled up by inflation, right?

Ms. HARDY. Apparently we calculate about less than half of that is for inflation.

Mr. ANDREWS. It is about an 11-percent increase.

Mr. MILLER. It is about an 11-percent increase, and inflation is 8 percent right now; something like that.

I am also concerned with some calculation that Head Start has lost about 6,000 CETA employees. I just wonder how we are going to make those up Are those all going to be foster grandparents?

Ms. HARDY. I think there is a lot of good volunteer service that can be provided to the Head Start program.

Mr. MILLER. There probably is a lot of good volunteer service that could be provided But for kids who are in Head Start today, it is not there. There is not a replacement for the CETA worker that was terminated. I just wondered if those CETA workers were viewed as a luxury They kind of attached themselves to the program but were nonessential. That doesn't appear to be the situation in the district I represent.

What happens in the meantime, between now and the recruiting of the volunteers?

Mr. HODGES. As I have visited the many Head Start programs and I looked at their very serious problem, they have—the various Head Start programs—have utilized a number of different options that happen to deal with that. It is a problem that they have had to wrestle with locally with only a limited amount of technical assistance from our regional offices.

Parents have responded to a great extent to help to step in to fill some of the slack But the problems that have been created by that shortage have not been ignored. And as they are brought to our regional offices and to our offices. we are assisting wherever we can. At this point in time, this has not been a debilitating factor in the Head Start program.

Mr. MILLER. Do you know what the increase is in parents volunteering compared to the number of parents who already volunteered before the cuts?

Mr. HODGES. It differs with each center. I could not speak to that even as an average.

Mr. MILLER. Then how do you know that parents have jumped in in great numbers.

Mr. HODGES. This is only what they tell me when I visit the centers and ask how are they surviving these problems. They feel that they have pulled together because they have seen a serious problem, and everybody wants to participate in solving the problem.

Mr. MILLER. Well, the loss to Head Start of those CETA employees amounts to around $25 million or $27 million, according to the figures I have. And the loss of the child care feeding program was roughly—and correct me if I am wrong on these—was roughly $10 million to the Head Start program. Medicaid, EPSDT is roughly $2 million. Title XX was—I don't have a dollar amount—but it received a substantial cut and is on the block again this year.

You are in a situation, it seems to me, where there is no new money at all in this program, especially if that money goes to increasing staff salaries—and there is something else you mentioned you were going to do.

Ms. HARDY. Reduction of classroom size.

Mr. MILLER. Reduction of classroom size. I don't see how you are going to accomplish reduction of classroom size because that indicates you are going to have a lower teacher-pupil ratio. I don't see where there is any new money for this program.

Ms. HARDY. We calculate that—given inflation and given what you have just said—we calculate that there are new dollars available for the program. But we also feel that the——

Mr. MILLER. Let us go over the arithmetic again. You are pouring dollars in the top in full view of the public, but you are letting them pour out of the bottom. When you add it all up, at very best, it is a wash, at very best. And already recognizing what you said about the large numbers of children who don't get to participate in this program who should, it sounds to me like this is a program that is on the decline.

Now you add up the figures again your way and show me how there are new dollars.

Ms. HARDY. We can all do all sorts of arithmetic.

Mr. MILLER. You do it your way.

Ms. HARDY. I understand that we have added about $60 million in terms of the Head Start appropriation, and I consider that $60 million to be very important to the qualitative improvement of the Head Start program.

Mr. ANDREWS. George, I might say that it is money we added here. The budget for 1981 was about $820 million. The administration request for 1982 was $832 million. That is about a 1.5-percent increase. The increase from $832 million to $912 million was made through the appropriations process of the Congress.

Mr. MILLER. I think that that is exactly the point, Mr Chairman. There is in fact a substantial erosion of resources that are dedicated to Head Start all throughout the program, but they are not clearly labeled as Head Start funds. So, what in fact you have is Members of the Congress and the administration saying they are all in support of Head Start and voting for a new appropriation,

but there is a sieve in the program because of the loss of Medicaid, of nutrition programs, of CETA workers, of title XX.

In fact, the program is on the decline and this charade ought to stop. [Applause.]

The real reason it ought to stop is because there are very well-intentioned Members of Congress, and I suspect residents of the White House, who really believe the program is working and that they are supporting it. But there is a subterfuge going on there, they are being lied to. I don't know if OMB is lying to the President because they are not telling him the full impact of these other cuts on Head Start; or members of the appropriation committees are being lied to; or whether the Members of Congress, when they vote for Head Start, think they are doing something.

All they are doing is holding it level, at best. It is not new money. And the program is in fact on the decline. I think it is just that simple.

You are welcome to add up the figures and make them available to the committee to refute that point. But I think it is very clear, especially if this is coupled with the new cuts that are envisioned in the President's budget proposals for this year, it is in fact much worse than I have outlined right here. That is giving you the best scenario: that nothing further happens to those supportive services that have been made available to Head Start historically and, in fact, have become—at least from the testimony that I received in my district—become a very crucial part of maintaining a quality program.

I would also like to ask you about the performance standards. Apparently on that same vein you believe that these performance standards which are, I believe, explicitly dictated by the language of the statute, that they can all be maintained in this situation. That is the real test in terms of the language of Congress. It is whether or not this rather unique program can be maintained along those standards and, in fact, if those standards can be maintained.

Mr. HODGES. We have been assured that it can be by the program directors and staff persons involved, those right there on the cutting edge of the Head Start program. As they bring to us items that we should look at, we are very ready for them to come because they are the ones with the responsibilities that we have to look to for the kinds of impact of various activities that they are having on their programs. They have assured us that they can maintain the standards.

Mr. MILLER. Is that what the program directors have been telling you?

Mr. HODGES. That is correct.

Mr. MILLER. Will you cite for the committee those communications and those program directors?

Mr. HODGES. I could not. We could submit that if that is requested by the committee.

Mr. MILLER. That is very important, too. Again, that goes to the evidence that people on line are in fact telling you privately that the program is not going to sustain any damage and that they can hold together and it will function as well and the performance standards can be maintained—or let us just limit it to whether the

performance standards can be maintained. If that is what they are telling you, then we will obviously have to take a different look at it.

It is very important to know who and how many of those program directors are in fact imparting that information to you.

Mr. HODGES. These, particularly as I meet with Head Start associations and we discuss, whether formally or informally, and they present the kinds of programs, there is a strong confidence that comes to me that they plan to continue to operate quality Head Start programs.

Mr. MILLER. Why don't you come out to my district and talk to them?

I think that it is very important that you be able to substantiate that claim to this committee—the claim made by Head Start people that they can maintain those performance standards.

Mr. HODGES. I do not wish to lead you to believe that these have been formal statements submitted, or even formal discussions. But just in informal discussions as we talk about the programs, their intentions are to continue to maintain quality programs.

Mr. MILLER. I am not comfortable reminding you of this, but this committee operates on hard evidence, and either the hard evidence is available that that is what they are saying, or the hard evidence is not available. I cannot accept as hard evidence what you have now reduced to informal discussions.

So either that can be supplied for the committee or it cannot.

Mr. HODGES. We could then, per your request, secure hard evidence. We could move in that direction.

Mr. MILLER. You see how many angels you can get on the head of that pin, and that is what we want to see.

[The information referred to follows:]

HEAD START PERFORMANCE INDICATORS

Indicator	1980 end of year	1981 end of year
Percent children who have completed medical screening	80	83
Percent children receiving needed medical treatment	89	91
Percent children enrolled in medicaid/EPSDT receiving:		
Medical screening paid for by medicaid/EPSDT	80	83
Needed medical treatment paid for by medicaid/EPSDT	85	81
Dental exams paid for by medicaid/EPSDT	59	63
Needed dental treatment paid for by medicaid/EPSDT	82	83
Percent children who have completed dental exams	70	74
Percent children receiving needed dental treatment	90	88
Percent children immunized	72	79
Percent staff with early childhood education degree or CDA credential	19	20
Average class size	19	18
Percent programs receiving USDA reimbursements	90	93
Percent families receiving needed social services	75	97
Number of parent volunteers to number of enrolled children	64	.68
Percent staff who are parents of current or former Head Start children	27	27
Percent handicapped children receiving special services	93	95

Mr. MILLER. That also goes to the question as to whether, with diminishing resources, this program will be in compliance with the

dictates of the Congress for the program. Apparently you are considering changing the compliance monitoring process from onsite comprehensive compliance reports to Federal stewardship, which I don't understand from your statement. I would like you to describe that for me.

Ms. HARDY. I think I need some clarification, Congressman.

Mr. MILLER. This is on page 26 where you outline that monitoring will no longer involve comprehensive on-site visits. There is some discussion of peer review. There is some discussion about the use of consultants and contractors.

I just wonder if you could outline this, because I am not clear about exactly what you are doing in terms of holding programs to the compliance with the law.

Mr. HODGES. What I am reading here, this particular bottom paragraph, indicates that the proposal here is for regional staff, for Federal staff, to provide this oversight, as opposed to the use of contractors and consultants. The oversight will be given and compliance reviews will be made, but by staff as opposed to contractors.

Mr. MILLER. OK. Then over on page 34, it talks about compliance monitoring and program assessment. It says that those regional offices will no longer be required. Now that you have moved away from the contractors, you move the obligation onto Federal staff. It then says on page 34, "The regional offices"—I assume that means Federal staff—"will no longer be required to conduct full-scale onsite compliance reviews of a fixed percentage of Head Start programs annually. Further, we will no longer require onsite monitoring reviews to be comprehensive in scope."

What is that going to do?

Ms. HARDY. We still make, and will continue to make, on-site visits. I think the thought here is that we may want to be more selective in dealing with problem areas or problem programs. We anticipate having that flexibility as opposed to saying that just because there is a schedule, if somebody must be monitored—maybe they have done an excellent job, they have had good rapport with the Federal staff and the regional offices and are doing very well—we can spend time of regional people on working with problem grantees than on all grantees.

Mr. MILLER. Again, what is the evidence to suggest that that is going to be better or wiser or what have you?

Ms. HARDY. Well, I think it is a question of trying to assist those grantees who need more assistance than others.

Mr. MILLER. Is there any evidence to suggest that the ongoing comprehensive reviews that are currently done or have been done in the past have also contributed to the maintenance of the quality of programs currently run?

Ms. HARDY. Yes. We get to about 10 percent of the grantees each year. I would like to target those to make sure that those 10 percent that we go to are the ones who need more assistance.

Mr. MILLER. The $2 million, is that what is budgeted for this current function?

Ms. HARDY. Well, there is $2 million in training and technical assistance, which is a little different than what we are talking about.

Mr. MILLER. That is not physically budgeted for compliance?

Ms. HARDY. No. The compliance reviews are a travel portion from our budget.

Mr. MILLER. So the $2 million is in technical assistance?

Ms. HARDY. Training and technical assistance, yes, sir.

Mr. MILLER. For program improvement, I assume.

Ms. HARDY. Yes.

Mr. MILLER. Again, I would be very concerned that we know what we are doing when we have a program that, by acclamation apparently, people think is working, and is working partly because it is subject to a review on a comprehensive basis to deliver the extent to which the quality has been maintained. I don't know the answer to that question, but I am concerned about it. Obviously, if we have good programs and that is one of the reasons that it has been maintained, I would hate to take away that reason if it is a key factor.

Ms. HARDY. I also want to assure you that our staff in each of the 10 regions who are working in the Head Start area are very much in contact with all of the grantees in that region. So it is not like just once every 3 years some person from the region calls up and says, "I am going to come review you." There is a lot of interrelationship between the regional staff and the local grantees on an ongoing basis.

Mr. MILLER. Thank you, Mr. Chairman.

Mr. ANDREWS. Very well. We certainly appreciate both of you coming here and submitting yourselves to some detailed questions and perhaps, in some instances, some differences of opinion. We look forward to the final draft of your proposals. If we can be of any assistance to clarify the questions we have asked or the purpose of them, please let us know.

Ms. HARDY. Thank you, Mr. Chairman.

Mr. ANDREWS. Thank you very kindly.

I see that Congresswoman Shirley Chisholm of New York has arrived. I understand, Shirley that you bring a statement for us, we hope of encouragement.

Mr. MILLER. Mr. Chairman?

Mr. ANDREWS. Yes.

Mr. MILLER. I just wonder if, in fact, there has been consideration of, if you were to move to an 8-month program, if the 8 months should not be counted backward from September so there is not a 3-month gap.

Mr. ANDREWS. Well, you are talking only about 5-year-olds, though. I don't understand what you mean. That doesn't apply to the 3- and 4-year-olds.

Mr. MILLER. I am concerned about your decision to go to an 8-month program, in light of documented evidence that there is slippage over those summer months before the child starts regular school. And if you are going to go to 8-month programs, whether or not you ought to count back from September, so when the child is done with Head Start, the child can move immediately into school, so there are not 3 months that the child has lost some portion of the gains we have made.

Mr. ANDREWS. Yes. Well, it would apply to the 5-year-olds, but not to the 3- and 4-year olds, as I see it.

Mrs. Chisholm.

[Prepared Statement of Hon. Shirley Chisholm follows:]

PREPARED STATEMENT OF HON. SHIRLEY CHISHOLM, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

MR. CHAIRMAN, I APPRECIATE THE OPPORTUNITY TO TESTIFY BEFORE THIS COMMITTEE ON THE PROPOSED CHANGES TO HEAD START AND OTHER CHILD DEVELOPMENT PROGRAMS. I WAS AN EARLY CHILDHOOD DEVELOPMENT SPECIALIST BEFORE ENTERING POLITICS SO THESE PROGRAMS ARE OF SPECIAL INTEREST TO ME.

IN HIS ADDRESS TO THE JOINT SESSION OF CONGRESS ON FEBRUARY 18TH, THE PRESIDENT STATED THAT:

> "THOSE WHO, THROUGH NO FAULT OF THEIR OWN, MUST DEPEND ON THE REST OF US--THE POVERTY STRICKEN, THE DISABLED, THE ELDERLY, ALL THOSE WITH TRUE NEED--CAN REST ASSURED THAT THE SOCIAL SAFETY NET OF PROGRAMS THEY DEPEND ON ARE EXEMPT FROM ANY CUTS."

CERTAINLY, THE NATION'S POOR CHILDREN SHOULD BE INCLUDED IN "THE SOCIAL SAFETY NET" OF PROGRAMS EXEMPT FROM ANY BUDGET REDUCTIONS. PROJECT HEAD START, AND ITS ASSOCIATED RESEARCH AND DEMONSTRATION EFFORTS, IS THE LARGEST CHILD DEVELOPMENT PROGRAM SUPPORTED BY THE FEDERAL GOVERNMENT. WHILE THE HEAD START PROGRAM HAS RECEIVED SUBSTANTIAL BUDGETARY SUPPORT, IN COMPARISON TO OTHER SOCIAL PROGRAMS, WE SEE SOME DISTRUBING TRENDS IN THE PROPOSED ADMINISTRATIVE CHANGES TO EARLY CHILDHOOD PROGRAMS.

I WOULD LIKE TO DISCUSS SOME OF THE CHANGES WHICH APPEAR IN THE DRAFT MEMO PREPARED BY THE ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES WITH THE COMMITTEE TODAY. I BELIEVE MANY OF THESE CHANGES WOULD BE DETRIMENTAL TO THE CHILDREN AND FAMILIES SERVED BY EARLY CHILDHOOD PROGRAMS.

FIRST, THE CONVERSION OF PARENT AND CHILD CENTERS (PCC'S) TO REGULAR HEAD START PROGRAMS WOULD VIRTUALLY ELIMINATE COMPRE HENSIVE DEVELOPMENTAL SERVICES FOR PREGNANT WOMEN AND FAMILIES WITH CHILDREN 3 YEARS OF AGE AND UNDER. ACYF ACKNOWLEDGES THAT PCC'S SERVICES ARE "BENEFICIAL" BUT THE PROGRAM IS GUILITY OF NOT ADDRESSING THE PRIMARY HEAD START POPULATION OF THREE TO FIVE YEAR OLDS. WHILE I AGREE WITH ACYF'S OBJECTIVE OF INCREASING "ENROLLMENT OPPORTUNITIES FOR LOW-INCOME CHILDREN IN THE 3 TO 5 YEAR AGE RANGE", I DO NOT BELIEVE THAT WE HAVE TO "ROB PETER TO PAY PAUL" IN ORDER TO ACCOMPLISH THIS OBJECTIVE.

IN 1979, A GAO REPORT ON EARLY CHILDHOOD AND FAMILY DEVELOPMENT PROGRAMS FOUND THAT "MANY EARLY CHILDHOOD DEVELOPMENT PROPONENTS BELIEVE(D) THAT PROGRAMS NEED(ED) TO BEGIN AT AN EARLIER AGE THAN 3 OR 4 YEARS, WHICH IS WHEN HEAD START USUALLY ENROLLS A CHILD. RESEARCH INDICATES THAT IMPORTANT DEVELOPMENTAL PATTERNS ARE IDENTIFIABLE IN CHILDREN AS EARLY AS AGE TWO. BY AGE THREE, THESE PATTERNS, WHICH ARE TOO FREQUENTLY NEGATIVE WITH LOW-INCOME CHILDREN, ARE QUITE DEEPLY INGRAINED.

ACYF'S RECOMMENDATION WOULD ALLOW PCC'S TO CONTINUE SERVICES TO INFANTS AND TODDLERS "IF SUCH SERVICES CAN BE SUPPORTED EXCLUSIVELY THROUGH OTHER (NON-HEAD START) RESOURCES". THIS OFFER IS RELATIVELY MEANINGLESS SINCE STATE AND LOCAL PROGRAMS PROVIDING COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENTAL SERVICES ARE LIMITED. IN 1979, ONLY ONE STATE, MINNESOTA, HAD A PILOT PROGRAM IN EARLY CHILDHOOD AND FAMILY EDUCATION BUT NO STATE PROVIDED COMPREHENSIVE SERVICES FOR THE DEVELOPMENT OF CHILDREN FROM BIRTH THROUGH AGE FOUR. FURTHER, MANY PCC'S HAVE INTEGRATED THEIR INFANT AND TODDLER

PROGRAMS WITH REGULAR HEAD START OPERATIONS. IT WOULD BE TOTALLY DISRUPTIVE FOR THE COMMUNITIES AND THE CHILDREN SERVED BY SUCH PROGRAMS TO LIMIT INFANT AND TODDLER PARTICIPATION BASED UPON THE AVAILABILITY OF OUTSIDE FINANCIAL RESOURCES. WHERE LOCAL CONDITIONS HAVE PROMOTED LINKAGES WITH PCC'S AND HEAD START, THESE EFFORTS SHOULD CONTINUE TO BE SUPPORTED, IF WE ARE TRULY INTERESTED IN "RETURNING PROGRAM DECISION-MAKING TO THE LOCAL LEVEL".

FINALLY, THE MEMO'S SUGGESTION THAT THE ACCOMPLISHMENTS OF PCC'S AND CHILD AND FAMILY RESOURCE PROGRAMS (CFRP'S) CAN BE USED IN A "TECHNOLOGY TRANSFER" TO A NEW DEMONSTRATION PROGRAM MAKES LITTLE SENSE IF PCC'S AND CFRP'S ARE SUCCESSFUL UNDER THEIR PRESENT STRUCTURE. IN THE RECONCILIATION PROCESS, THE CONGRESS INCREASED THE HEAD START AUTHORIZATION FOR FY '82 TO $950 MILLION AND OVER $1 BILLION FOR FY '83. MR. CHAIRMAN, IT JUST SEEMS MORE LOGICAL FOR THE ADMINISTRATION TO ASK FOR THE MAXIMUM APPROPRIATION FOR HEAD START RATHER THAN ELIMINATING PCC'S TO CREATE MORE HEAD START PROGRAMS. AFTER ALL, THESE AUTHORIZATION FIGURES ARE REPUBLICAN NUMBERS, AND THE ADMINISTRATION SHOULD BE WILLING TO WHOLEHEARTEDLY SUPPORT ONE OF ITS SAFETY NET PROGRAMS. I WOULD URGE THE COMMITTEE TO MAINTAIN ITS SUPPORT FOR PCC'S SO THAT THE INFANTS AND TODDLERS OF AMERICA'S POOR WILL HAVE A CHANCE TO DEVELOP TO THEIR FULLEST POTENTIAL.

NEXT LET ME TURN TO SOME OF THE PROPOSED ADMINISTRATIVE CHANGES WHICH I BELIEVE COULD NEGATIVELY AFFECT THE PRESENT OPERATIONS IN HEAD START PROGRAMS.

95-858 O—82—5

HEAD START HAS HAD AN IMPRESSIVE HISTORY. IN SOME AREAS OF THE COUNTRY, FOR EXAMPLE, HEAD START WAS THE CATALYST FOR SOCIAL CHANGE AT A TIME WHEN OPPRESSION OF THE POOR, THE BLACK, AND THE MINORITY FAMILY WAS A RULE. HEAD START PROVIDED POOR PARENTS AND CHILDREN WITH A FORUM FOR LEARNING TOGETHER FOR THE FIRST TIME. HEAD START HELPED POOR PARENTS UNDERSTAND NEW WAYS OF HAVING AN EFFECT ON THEIR CHILDREN'S EDUCATION. UNDERPRIVILEGED CHILDREN WHO HAD PARTICIPATED IN THE PRESCHOOL HEAD START PROGRAM HAVE BEEN SHOWN TO DO BETTER IN SCHOOL THAN THOSE WHO HAD NOT HAD THE ADVANTAGE OF HEAD START. FOR EXAMPLE, THE NEW JUNIOR MIDDLEWEIGHT CHAMPION DAVEY MOORE, ACCORDING TO THE NEW YORK TIMES SUCCESSFULLY ESCAPED A LIFETIME OF POVERTY IN THE BRONX THROUGH HIS EARLY PARTICIPATION IN A HEAD START PROGRAM AT AGE 2½. WITH SUCH AN IMPRESSIVE RECORD ONE MUST LEGITIMATELY ASK: WHY IS ACYF TINKERING WITH HEAD START THROUGH ADMINISTRATIVE CHANGES?

MANY OF THE MEMO'S RECOMMENDATIONS SEEM TO OPERATE AT CROSS-PURPOSES:

--ON PAGE 8, THE MEMO STATES THAT HEAD START POLICY FOR FY 1982 WILL BE TO MAINTAIN ENROLLMENT AND QUALITY. PART OF THE QUALITY ISSUE RELATES TO CLASSROOM OVERCROWDING AND THE IMPROVEMENT OF LOCAL STAFF SALARIES.

--YET ON PAGE 10, THE MEMO RECOMMENDS THAT A FULL YEAR PROGRAM BE DEFINED AS 8 MONTHS AND 6 HOUR DAYS. SINCE ONLY 20% OF THE CURRENT PROGRAMS ARE 8 HOUR PROGRAMS, IT IS QUESTIONALBE WHETHER SUBSTANTIAL BUDGETARY SAVINGS WILL RESULT FROM THIS CHANGE. FURTHER, THERE SEEMS TO BE A DIRECT CONFLICT IN

REDUCING PROGRAM HOURS AND THE DESIRE TO INCREASE TEACHER'S SALARIES. THE FOUR MONTH LAYOFF MAY NOT ONLY AFFECT A CHILD'S PROGRESS BUT ALSO SPUR A DROP IN QUALITY THROUGH HIGH STAFF TURNOVER.

--ON PAGE 11, LIMITATIONS ARE SUGGESTED FOR PER CHILD COST IN "HIGH COST" GRANTEES, CERTAINLY ONE FACTOR IN HIGHER COSTS IN STATES, LIKE MY HOME STATE OF NEW YORK, IS STAFF SALARIES. THESE COST LIMITATIONS COULD DIRECTLY AFFECT THE STATED GOAL OF INCREASING TEACHER SALARIES.

EVEN MORE TROUBLESOME ARE THE RECOMMENDATIONS CONCERNING AN END TO COMPLIANCE MONITORING AND TECHNICAL ASSISTANCE THROUGH FEDERAL CONTRACTORS. THE "FEDERAL STEWARDSHIP RESPONSIBILITY" SUGGESTED IN THE MEMO COULD ALSO RESULT IN NON-COMPETITIVE "SWEET-HEART" GRANTS OR AGREEMENTS. IN ADDITION, WHILE GRANTS ARE MORE FLEXIBLE, IT IS ALSO MORE DIFFICULT TO REGAIN LOST FUNDS FROM A "GRANT" WHERE THE GRANTEE HAS NOT CARRIED OUT THE TERMS OF THE PROPOSAL TO PROVIDE TRAINING OR TECHNICAL ASSISTANCE. COMPLIANCE REVIEWS BY FEDERAL STAFF OBVIOUSLY REQUIRES ADDITIONAL PERSONNEL. GIVEN THE NUMEROUS RIF'S IN FEDERAL AGENCIES, HHS WOULD BE HARD PRESSED TO PROVIDE THESE STAFF POSITIONS WHICH PROBABLY MEANS THAT LITTLE OR NO COMPLIANCE MONITORING WOULD OCCUR. AT THE VERY LEAST, THE STANDARDS OF COMPLIANCE REVIEWS WILL BE GREATLY DIMINISHED.

FINALLY, ON PAGE 30 OF THE MEMO, HEAD START IS ASKED TO TAKE ON NEW PROGRAMS:

--TO PROVIDE ENROLLMENT OPPORTUNITIES FOR CHILDREN WITH

SPECIAL NEEDS;

--TO SERVE AS A RESOURCE FOR DAY CARE PROGRAMS;

--TO PARTICIPATE IN PUBLIC INFORMATION CAMPAIGNS; AND

--TO SERVE AS A SOURCE OF REFERRALS FOR PERSONS REQUIRING OTHER COMMUNITY SERVICES.

MANY OF THE HEAD START PROGRAMS MAY ALREADY BE INVOLVED IN COMMUNITY LINKAGES. I KNOW FROM PERSONAL EXPERIENCE THAT MANY OF THE PCC'S DO HAVE THESE RELATIONSHIPS WITH OTHER COMMUNITY ORGANIZATIONS. THESE LINGKAGES, HOWEVER, HAVE DEVELOPED AS A RESULT OF THE SPECIFIC NEEDS OF THE CENTERS' CLIENTS. IF HEAD START IS REDUCED TO 6 HOUR DAYS, IT CAN HARDLY TAKE ON THESE NEW DUTIES WITHOUT AFFECTING ITS "PRIMARY" OBJECTIVE OF SERVING 3 TO 5 YEAR OLDS". IN ADDITION, HEAD START HAS LOST RESOURCES THROUGH CUTS IN CETA PUBLIC SERVICE JOBS AND THE REDUCTION OF DEPARTMENT OF AGRICULTURE FUNDS. HEAD START FUNCTIONS BEST AS A CHILD DEVELOPMENT PROGRAM NOT AS A GENERAL COMMUNITY SERVICES AGENCY.

MR. CHAIRMAN, I WOULD CAUTION THE MEMBERS OF THIS COMMITTEE AGAINST TREATING THESE ADMINISTRATIVE CHANGES LIGHTLY. YOU SHOULD CAREFULLY EVALUATE THESE CHANGES WHICH EVEN ACYF DESCRIBES AS "NOVEL APPROACHES". HEAD START MUST BE MAINTAINED AS A COMPREHENSIVE PROGRAM FOR "HIGH RISK" CHILDREN. WHERE PCC'S HAVE BEEN SHOWN TO BE EFFECTIVE WITH TODDLERS AND INFANTS, THEY SHOULD BE MAINTAINED IN THEIR PRESENT FORM. GIVEN, THIS ADMINISTRATION'S RECORD ON HUMAN SERVICES, IN THE LAST 12 MONTHS, I HOPE THAT THIS COMMITTEE WILL SEEK ASSURANCES FROM HHS OFFICIALS TODAY THAT HEADSTART WILL

INDEED BE MAINTAINED AS A SEPARATE ENTITY. THESE "NOVEL APPROACHES", IN THE FORM OF ADMINISTRATIVE CHANGES, ARE UNNECESSARY FOR A PROGRAM WHOSE SUCCESS IS BUILT ON THE FACT THAT IT HAS NATIONAL STANDARDS. FURTHER, MR. CHAIRMAN, I WOULD HOPE THAT YOU WILL RECEIVE ADDITIONAL ASSURANCES TODAY THAT ACYF'S PROPOSED CHANGES ARE NOT PLANTING THE SEEDS FOR A GRADUAL PHASE-OUT OF THE PROGRAM OVER THE NEXT THREE YEARS.

IN CONCLUSION, LET ME SAY THAT THE PRESIDENT'S COMMITMENT, ON FEBRUARY 18TH, NOT TO CUT "PROJECT HEAD START" MUST ALSO INCLUDE A COMMITMENT TO MAINTAINING THE PROGRAM IN A FASHION WHICH INSURES A QUALITY PROGRAM. BAD ADMINISTRATION CAN BE JUST AS HARMFUL TO A PROGRAM AS REDUCTIONS IN FUNDING. I BELIEVE THAT THIS COMMITMENT CAN BEST BE HONORED BY A MAXIMUM APPROPRIATION FOR HEAD START NOT THROUGH "ADMINISTRATIVE ADVENTURES". ONLY 20 PERCENT OF AMERICA'S ELIGIBLE CHILDREN CURRENTLY RECEIVE HEAD START SERVICES. LET'S INCREASE THIS PERCENTAGE WITH ADDITIONAL FUNDING FOR HEAD START RATHER THAN DECREASING THE QUALITY OF SERVICES TO AMERICA'S CHILDREN THROUGH BUREAUCRATIC TINKERING.

THANK YOU.

STATEMENT OF HON. SHIRLEY CHISHOLM, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mrs. CHISHOLM. Thank you, Mr. Chairman.

Mr. Chairman, I appreciate the opportunity to testify before this committee on the proposed changes to Head Start and other child development programs. I was an early childhood development specialist before entering politics, so these programs are of very special interest to me.

In his address to the Joint Session of Congress on February 18, the President of the United States stated, and I quote:

"Those who, through no fault of their own, must depend on the rest of us, the poverty stricken, the disabled, the elderly, all those with true needs can rest assured that the social safety net of programs they depend on are exempt from any cuts"

Certainly this Nation's poor children should be included in the social safety net of programs exempt from any budget reductions.

Project Head Start and its associated research and demonstration efforts is the largest child development program supported by the Federal Government. While the Head Start program has received substantial budgetary support in comparison to other social programs, we see some very disturbing and perturbing trends in the proposed administrative changes to early childhood programs

I would like to discuss some of the changes which appear in the draft memo prepared by the administration for children, youth and families with the committee today. I believe that many of these changes would be detrimental to the children and the families served by early childhood programs.

First, the conversion of parent and child centers to regular Head Start programs would virtually eliminate comprehensive developmental services for pregnant women and families with children 3 years of age and under. The Administration for Children, Youth and Families acknowledges that PCC's services are "beneficial." But the program is guilty of not addressing the primary Head Start population of 3- to 5-year-olds. While I agree with the objective of increasing enrollment opportunities for low-income children in the 3- to 5-year age range, I do not believe that we have to "rob Peter to pay Paul" in order to accomplish this objective.

In 1979, a GAO report on early childhood and family development programs found that "many early childhood development proponents believe(d) that programs need(ed) to begin at an earlier age than 3 or 4," which is when Head Start usually enrolls a child. Research indicates that important developmental patterns are identifiable in children as early as age 2. By age 3, these patterns, which are too frequently negative with low-income children, are quite deeply ingrained.

ACYF's recommendation would allow PCC's to continue services to infants and toddlers "if such services can be supported exclusive through other (non-Head Start) resources." This offer is relatively meaningless since State and local programs providing comprehensive early childhood developmental services are limited In 1979, only one State, Minnesota, had a pilot program in early childhood and family education, but no State provided comprehensive services for the development of children from birth through age four

Further, many PCC's have integrated their infant and toddler programs with regular Head Start operations. It would be totally disruptive—if the administration realizes that we are dealing with human beings, not the pieces of mechanical instruments to be batted back and forth We are dealing with human beings' lives. It would be totally disruptive for the communities and the children served by such programs to limit infant and toddler participation based upon the availability of outside financial resources. Where local conditions have promoted linkages with PCC's and Head Start, these efforts should continue to be supported, if we are truly interested—we may not be—but if we are truly interested in returning program decisionmaking to the local level.

Finally, the memo's suggestion that the accomplishments of PCC's and child and family resource programs can be used in a "technology transfer" to a new demonstration program makes little sense if PCC's and CFRP's are successful already under their present structure.

In the reconciliation process, the Congress increased the Head Start authorization for fiscal year 1982 to $950 million and over $1 billion for fiscal year 1983. Mr. Chairman, it just seems more logical for the administration to ask for the maximum appropriation for Head Start rather than eliminating PCC's to create more Head Start programs After all, these authorization figures are Republican numbers, and the administration should be willing to wholeheartedly support one of its safety net programs. I would urge the committee to maintain its support for PCC's so that the infants and toddlers of America's poor will have a chance to develop to their fullest potential.

Next let me turn to some of the proposed administrative changes which I believe could negatively affect the present operations in Head Start programs.

Head Start has had an impressive history. Head Start has had an impressive history. In some areas of the country, for example, Head Start was the catalyst for social change at a time when oppression of the poor, the black, and the minority family was a rule. Head Start provided poor parents and children with a forum for learning together for the first time. Head Start helped poor parents understand new ways of having an effect on their children's education.

Underprivileged children who had participated in the pre-school Head Start program have been shown to do better in school than those who had not had the advantage of Head Start. For example—I don't know how many of you know this—the new Junior Middleweight Champion, Davey Moore, according to the New York Times, successfully escaped a lifetime of poverty in the Bronx through his early participation in a Head Start program at age two and a half. With such an impressive record, one must then legitimately ask: Why is ACYF tinkering—because that is what they are doing—tinkering with Head Start through administrative changes?

Many of the memo's recommendations seem to really operate at cross-purposes:

On page 8, the memo states that Head Start policy for fiscal year 1982 will be to maintain enrollment and quality. Part of the qual-

ity issue relates to classroom overcrowding and the improvement of local staff salaries.

Yet, on page 10, the memo recommends that a full-year program be defined as 8 months and 6-hour days. Since only 20 percent of the current programs are 8-hour programs, it is questionable whether substantial budgetary savings will result from this change Further, there seems to be a direct conflict in reducing program hours and the desire to increase teachers' salaries. The 4-month layoff may not only affect a child's progress but it will also spur a drop in quality through high staff turnover.

On page 11, limitations are suggested for per child cost in high cost grantees. Certainly one factor in higher costs in States, like my home State of New York, is staff salaries. These cost limitations could directly affect the stated goal of increasing teacher salaries.

Even more troublesome are the recommendations concerning an end to compliance monitoring and technical assistance through Federal contractors. The "Federal stewardship responsibility" suggested in the memo could also result in noncompetitive sweetheart grants or agreements.

In addition, while grants are more flexible, it is also more difficult to regain lost funds from a grant where a grantee has not carried out the terms of the proposal to provide training or technical assistance. Compliance reviews by Federal staff obviously requires additional personnel. Given the numerous RIF's in Federal agencies, HHS would be hard pressed to provide these staff positions which probably means that little or no compliance monitoring would occur, in spite of the rhetoric that is in all of the pages and the papers that they send out. At the very least, the standards of compliance reviews will be greatly diminished.

Finally, on page 30 of the memo, Head Start is asked to take on new programs. To provide enrollment opportunities for children with special needs, to serve as a resource for day care programs; to participate in public information campaigns; and to serve as a source of referrals for persons requiring other community services

Boy, how we love our rhetoric.

Many of the Head Start programs may already be involved in community linkages. I know from personal experience that many of the PCC's do have these kinds of relationships with other community organizations. These linkages, however, have developed as a result of the specific needs of the centers' clients. If Head Start is reduced to 6-hour days, it can hardly take on these new duties without affecting its "primary objective of serving 3- to 5-year-olds." In addition, Head Start has lost resources already through cuts in CETA public service programs, CETA service jobs, and the reduction of Department of Agriculture funds. Head Start functions best as a child development program, not as a general community services agency.

Mr. Chairman, I am feeling this very deeply. That is why I seem a little bit emotional. I don't think the administration realizes what it is doing.

I would caution the members of this committee against treating these administrative changes lightly. You should carefully evaluate these changes which even ACYF describes as novel approaches

Head Start must be maintained as a comprehensive program for high-risk children in this Nation.

Where PCC's have been shown to be effective with toddlers and infants, they should be maintained in their present form. Given this administration's record on human services in the last 12 months, I hope that this committee will seek assurances from HHS officials today that Head Start will indeed be maintained as a separate entity. These novel approaches, in the form of administrative changes, are unnecessary. They need to find something else to do. They are unnecessary for a program——

[Applause.]

Mrs. CHISHOLM. They are unnecessary for a program whose success is built on the fact that it has national standards, Mr. Chairman. Further, Mr. Chairman, I would hope that you will receive additional assurances today that ACYF's proposed changes are not really planting the seeds for a gradual phase-out of the program over the next 3 years.

In conclusion, let me say that the President's commitment on February 18 not to cut Project Head Start must also include a commitment to maintaining the program in a fashion which insures a quality program. Bad administration can be just as harmful to a program as reduction in funding. I believe that this commitment can be best honored by a maximum appropriation for Head Start, not through administrative adventures. Only 20 percent of America's eligible children currently receive Head Start services. Let us increase this percentage with additional funding for Head Start rather than decreasing the quality of services to America's children through bungling bureaucratic tinkering.

Thank you. [Applause.]

Mr. ANDREWS. Shirley, my only regret is that you didn't get here earlier today. The people you need to talk with left just as you came in.

Mrs. CHISHOLM. Perhaps it was just as well.

Mr. ANDREWS. I want a copy of that and I will see that it gets to them, that it is read, and that I get an answer to every question you have raised.

Mrs. CHISHOLM. All right.

Mr. ANDREWS. You give me a copy of that.

Mrs. CHISHOLM. I certainly will do that.

Mr. ANDREWS. That is an excellent statement.

Mrs. CHISHOLM. Thank you very much.

Mr. ANDREWS. Thank you for being here and sharing it with us.

Mrs. CHISHOLM. Thank you for giving me this opportunity. It is a subject that is very dear to my heart.

Mr. ANDREWS. Obviously it is.

Mrs. CHISHOLM. Many persons know that I was involved with early childhood education for 15 years before I entered politics.

Mr. ANDREWS. I don't know of anyplace that a childhood specialist is needed more than in Congress. Thank you for being one of them. [Applause.]

Mr. ANDREWS. Next we have a very distinguished panel that we are so pleased to have with us. They are Head Start project directors. We have three of them, I believe. I hope they are all here. Virginia Roman, Stevens Point, Wis.; Billy Jean Hill of Helena,

Mont.—Pat should be here, Pat Williams. See if we can't get Pat to come back. We have Bud Choate from Russellville, Ark.

Suppose we ask you to present your statement, either read them or paraphrase them. We will be glad to submit the written one for the record.

Let us start with you, Virginia..

[Prepared statement of Virginia Roman follows:]

PREPARED STATEMENT OF VIRGINIA ROMAN, HEAD START DIRECTOR, STEVENS POINT, WIS.

A Head Start Director serving 159-189 children in four counties and past chairperson of the state Head Start Directors' Association in the state of Wisconsin, I am thrilled and honored to be given the opportunity to testify in front of this committee.

I am especially pleased to meet Congressman Petri. Two of my four counties: Marquette and Waushara serving sixty children are in his district. Other counties in his district serve an additional 300 children.

As background, a few statistics on my four county program and of Wisconsin as a whole. Enrollment figures vary according to the time of the year with the maximum of 189 served in the first few months and a minimum of 159 served near the end of the program year. The program features seven center-base classrooms with 18-20 children in each; one center-base classroom with eight children housed rent and utility-free in a low-income apartment complex; and three home-base groups with eleven children in each group with a cost per child just over $1700.

Employed in the program, are: (11) teachers, all ECE graduates, or CDA credentialled; (7) teacher assistants; (1) teacher assistant trainee (OJT contract); (10) classroom aides (all AWE positions); (7) van drivers; (5) cooks; (4) component coordinators; and, (1) director.

The state of Wisconsin serves 5,335 children (this figure does not include children who receive benefits from the Head Start programs prior to actual enrollment and/or drop out during the course of the program year.

In response to the Head Start strategy paper and the proposed changes in Head Start regulations and standards I submit the following comments.

OBJECTIVE # 1 - Maintain and, If Possible, Expand Head Start Enrollment.
Proposed policy # 1 - Reallocation of Head Start Resources

Painfully aware of the duplication, or overlapping of services that exists among public, private and voluntary organizations and agencies, Head Start directors struggle with alternative methods to deal with this daily. I feel that there are numerous Head Start programs that have been creative and persistent in their efforts to seek outside resources. Why not develop a model communication mechanism to facilitate wide dissemination of their efforts and successes. Spending additional discretionary dollars to fund demonstration projects seems to be a waste of precious Head Start dollars. The demonstrated efforts are present we need to gather and disseminate the results.

Proposed policy # 1 - Conversion of PCC's to Regular Head Start

Concentrating on the three to five years has the positive short term result of serving more eligible, needy children. Those who serve three years and under will argue that a great deal of learning goes on from 0 to three years. Their argument is valid as research has pointed out.

Proposed policy # 2 - Promoting Economies and Efficiencies in Local Program Operations.

As one of the few social programs proven to work expansion of Head Start is clearly warranted. Given Head Start's success, it is unfair to limit Head Start to only 20% of the eligible population. Yet in this time of economic unrest we must weigh the alternatives carefully.

As a director of a part-day program I have witnessed the significant developmental gains our children have made. Where does the law of diminishing return enter, or does it? Is four to six hours as beneficial to development of the child as six to eight? I don't feel I can answer that question. But I do firmly believe that if enrollment can be maintain, or even increased by reducing all full-time programs to part-time then so be it. As many eligible, needy children as possible should be given the Head Start opportunity.

Of course nothing is simple as all that, consider the low-income parent(s) working, trying to stay off welfare and faced with Title XX Day Care funds being cut. Many of the parents who continue to work are forced to utilize small, in the home, day care providers. The children in this environment often are neglected, forced to sit in front of the television all day and often fed Kool aid instead of milk. The whole situation is intensified by lack of regulation, or lack of funds delegated at the state level for monitoring day care providers. Unfortunately in the face if less money per child available, Head Start's mission intensifies: more children need a chance to make it in the world, a chance to break away from the chains of poverty-getting caught in the vicious circle poverty breeds poverty. With this in mind we really can't afford to advocate for the elimination of full-day Head Start. Rather, we should work toward expanding the number of programs that can offer the full-day service.

How do we do the above when as a taxpayer, I can only agree with Congressman Petri in a recent letter I received from him "unfortunately the only alternative to getting the budget under control is to intensify ruinous levels of inflation and economic upheaval. In the long run, unless we restore economic stability and vitality, the federal government won't be in a position to provide programs for anybody."

Proposed policy # 2 - Limiting Per-Child Costs in High Cost Grantees

The ability to further economize and become more efficient obviously will differ due to funding patterns, and local conditions. Guidelines must be developed, however, to provide more equity in funding. Cost per child guidelines should be used to determine grant awards and as a basis to determine "too low" and "too high" program costs. Programs falling outside of the specified guidelines should be reviewed more intensely to determine whether local circumstances warrant deviation. The need for the possible deviation is necessary in view of that fact that wide disparity exists not on due to local conditions, state to state, & program to program, but even county to county within a given program. Within my four county program costs per county vary from a low of $1453. per child to a high of $1858.

I agree with the policy proposed to seek the lowest bidder able to run a quality program and the consolidation of small grantees. What is a small grantee? Depending on the number of children, overhead costs: administration, center rents, equipment, etc. could be decreased through consolidation efforts.

Revised staffing guidelines would be helpful. Currently school district personnel in my area admit they could not administer Head Start programs at current funding levels. Differing personnel costs are the primary reasons as are staffing patterns.

Proposed policy # 2 - Develop and Transfer Cost Analysis Technology

I would be interested in receiving " a set of easy-to-use tools" referred to in the publication "Head Start : An Effective Program But Fund Distribution Formula Needs Revision and Management Controls Need Improvement". In this time of increased needs and increased concern about costs, a guide that could be used to identify areas where greater efficiences may be possible would be a welcomed addition.

Only an observation, if studies and tools such as the above are available, why hasn't this information filtered down to the local level. Why is it we wait to look at these possibilities when the chips are down. I have five vans that are five years old and three of which have an excess of 71,000 miles and the other two over 65,000 miles. Replacement is eminent, and local transportation studies completed last year came up with no recommendations for sharing of resources and/or staff.

Proposed policy # 2 - Increasing the Utilization of Non-Head Start Resources

Under federal jurisdiction, Head Start has developed working agreements with State Department of Health nnd Human Services and the Department of Public Instruction. Similarly, on a local level, agreements have been drawn up between school districts, universities and colleges, County Health and Social Services, and WIC providers. Policy planning and operational activities h ve been implemented with state and local support responsibilities in Wisconsin in such a manner that all agencies and organizations involved have strengthen their capacity to serve those intended to be served. And yet, some of the very resources that we rely on for support are experiencing deep budget cuts. The Head Start program is deeply affected by these cuts, left with less resources to support their efforts (ie. As of August 28, 1981 our CCFP reimbursement was 57¢ for every breakfast served to a child and $1.09 for every lunch served. January 1, 1982, that reimbursement level was decrensed to 50¢ and 96¢) With the proposed 1983 budget cut of 20% another 29¢ per child per day could be lost. The result: more actual Head Start dollars spent to feed the children and less to pay staff, etc.

Our program has utilized CETA, Title II and VI, WIN and AWE slots to furnish classroom aides in the four county program. (10 slots x 1000 hours each x $3.35/hour equals a value of $33,500. per year.) These slots are essential to meet the mandated child/staff ratio of 1 to 5. When CETA goes where does the additional $33,500. come from to maintain aides in the classrooms?

It certainly presents a challenge to parents and staff alike to become more resourceful as the need to do so becomes more urgent. Due to inflation, cuts were made this year in staff (ie. administration takes the time away from the children and staff to do their own clerical work, van drivers were laid off and the teacher assistants will now drive the vans as well as assist in the classroom, administrative staff working less during the pre-nnd post-program operation in June, July and August.) At this point, the Policy Council and I concur, we can do no more cutting without sacrificing quality or reducing the number of children served.

It's true that Head Start dollars are to be used as the "dollar of last resort". Many community people find it hard to accept this philosophy, particularly local business people and middle to high income taxpayers. They feel that the Head Start dollars are their dollars and they deserve to reap the benefits. The other side of the picture finds local businesses beseiged by agencies and organizations soliciting donations.

With the increased budget cuts in the social services programs the need to tap local community resources will intensify for all of us. The ability to utilize senior citizens, CETA, collage students, etc. has allowed the program to keep its head above water. As inflationary costs continue to surpass funding increases, the need for all agencies and organizations to utilize volunteers to survive and maintain quality programming increases. The competition is fierce!

OBJECTIVE # 2 - Improve Program Quality.

Quality improvement is a continuing responsibility, particulary at the present time when social programs all around us are feeling the brunt of state and federal budget cuts. One tends to be somewhat self conscious (not enough, however, to say "take me"!) but certainly enough to realize that all eyes are on Head Start. "Why should they get priority?" "What's so good about it?" It's up to us to show them!

Proposed policy #1 - Reducing Class Size

A desirable goal that will require changes in program options, increased funding or sacrificing program quality and/or reducing numbers of children served. It is, as a rule, more cost effective to run a classroom with twenty vs. fifteen children. Conversely, a more favorable learning and developmentally conducive environment exists when a smaller number of children are in a group. In a short term experiment with ten to eleven children in the morning and a similar number in the afternoon we are finding group management easier and a good deal more individual attention given to each child. We have, and are guilty of enrolling twenty children in classrooms; however, we do maintain the one to five child/staff ratio.

Proposed policy #2 - Increasing Staff Salaries

An admirable and extremely important policy if we are to provide quality programming. I strongly favor employing Head Start past and present parents in all staff capacities when possible based on program experience, personal motivation, job qualifications and availability of positions. However, the majority of our Head Start parents have very little education beyond high school, many haven't even gone that far. It takes, then several years of program experience and enrollment in CDA to become a credentialled teacher. It's no wonder then that many programs, like ours, rely on good-hearted, eager-to-work for little Early Childhood and Elementary degreed teachers to fill the majority of our teaching jobs. I'm lucky, the state college in one of our counties turns out more ECE graduates each year, a large percentage of which can't find a job in their field.

We ask a great deal of our Head Start teachers, more than the public schools that pay 30 to 40% more in salaries. The paper work and supervisory responsibilities are added burdens that carry little, if any additional financial remuneration.

The pay scales in our agency are so close together that a third year teacher assistant with few credentials other than three years of experience makes a much as a first year teacher with a four year ECE degree. Hardly a fitting reward for four years of financial and personal sacrifice necessary to obtain a college education. There are select programs with higher teacher salaries in Wisconsin. However, I haven't figured out how they accomplish it.

It is becoming increasingly more difficult to retain staff, due to low salaries. High staff turnover, 50% two years ago, results in a short term program erosion and repeated costly training. Low salaries also discourage competent people from applying for Head Start positions. Actually some of them laugh right in my face, or ear!

Cost of living increases advocated in the strategy paper are the only mechanism available to my program to ensure salary and rent increases. Without the annual COLA my staff would maintain present salary level disregarding their year of employment experince. Paid less than 2/3s of a public school teacher's wage, the inability of a program to give upward salary adjustments is a definite "turn-off" for most highly skilled, motivated teachers.

Proposed policy # 3 - Performance Indicators

I advocate for the continuation of the mid-and year-end PIRs, however, I would request that the year-end results be released earlier. When I wrote my proposal for 1982-83, the results were not available for inclusion in our goals and objectives.

OBJECTIVE # 3 - Improve and Streamline the Delivery of Training and Technical Assistance.

Region V has decentralized training and technical assistance by awarding a large portion of their training funds to individual programs based on each programs projected needs. There are some regional training funds used to provide regional and state-wide training. The current delivery system is probably not as complicated for the local programs as it is for the federal and regional offices due to the complex administrative demands and insufficient flexibility.

With reduced travel dollars available for regional office staff, the same would certainly be true if federal review were to be implemented. Rarely do we have the opportunity to share at the local level our program with regional staff.

A compliance visit was made to our program in October, 1980. Based on this visit, I realize the learning that a program reaps before, during, and after the visit. Rather, or not it is intended, a compliance visit usually accomplishes two objectives: 1)determining programmatic and administrative compliance and quality; and 2) sharing of technical assistance. The second objective is largely dependent upon the compliance team members.

The need for continued training and technical assistance at the local level demands that I advocate for a larger share to be allotted for programming at the regional level. However, our region enjoys the epitomy of decentralization. Individual grant awards for training to local programs. This year Wisconsin programs were awarded $500,000. Considering $25 million specifically labeled for Head Start T and TA and fifty states in the union, a $500 000 state allocation seems equitable. With the recent cut in T and TA dollars, however, less is being awarded to the programs. I am to receive 50% of my allocation last year for this year's program training needs.

Stability of T/TA delivery is necessary, the ups and downs of the national CDA credentialling agencies and the resulting frustration experienced by candidates, potential candidates and program administration is evidence of this need for stability. Confidence in the entire CDA concept ebbed considerably during the 1978-1980 period. As stated in the National Head Start Associations' response to the Strategy Paper, "great care needs to be given when considering changes in the CDA credentialing system; CDA should be included in the Head Start regulations, and any changes in competencies and in procedures by approved and monitored by a national body including representatives from the early childhood profession."

I would further advocate for additional quality control on universities carrying out assessment and credentialing. My fear is that with some university providers the CDA credential is not looked upon as a quality credential and is given "n hurry up and get though" attitude.

OBJECTIVE # 4 - Strengthen Head Starts' Relationship with Other Public, Private and Voluntary Agencies and Organizations.

It is essential for Head Start to extend and strengthen their outward links if the families we serve are to reap maximum benefits of the services available. The special needs of the whole child and his family are of prime concern. Only through improved linkages and cooperative working agreements with other service providers can we strengthen our ability and capacity to completely serve the child and the family. This cooperation is a two way street; Head Start and the family aren't the only ones to benefit.

358 0-82--6

Attempting to reach collaborate agreements with all twelve school districts in our four county area almost requires twelve different approaches dependent upon school district personnel. Will we work toward agreements with all districts a developmentally appropriate sequenced curriculum from pre-school through the early elementary grades would be useful as a base for agreements, providing the systems allow the necessary latitude and flexibility necessary to deal with the individual needs. Transitioning and follow through is a constant problem and concern that we deal with on the local level.

OBJECTIVE # 5 - Improve the Administration and Management of Head Start.

How does simplification of regulation guarantee improved administration and management? Does the reduction of reporting tend to corrode accountability? I fail to recognize the correlation between simplifying regulations and the development of a partnership.

The tendency to disregard guidance and suggestion is considerably more inviting than disregarding regulation and compliance. As the National Head Start Associations' response indicates: "we would like programs to know that they will be regularly monitored for compliance and that there are avenues to be pursued if quality is not maintained." The very regulations and enforcement referred to in the Strategy Paper is what helped Head Start emerge as the successful program to be modeled by other pre-school providers. At the time when many programs have begun to establish credibility in the eyes of the communities we serve, change is being proposed.

In the September, 1980 published report from HHS to the President, it was noted that "Head Start is one of the nation's largest deliverers of health care to poor children .... " "... dental care to millions of children who would otherwise not have had it."

In January 29th issue of the Milwaukee Sentinel, Elsbeth Bamberger Schorr, visiting professor of maternal and child health at the University of North Carolina, is quotes as saying "The health of the country's children may be threatened by national budget cutbacks." At this time, she says that "it is impossible to comment specifically on ... the details of the effect of transference from federal to state control." Schorr goes on to say, "results of a two-year study by a select panel for the Promotion of Child Health, sponsored by Congress and appointed by the Secretary of Health, Education and Welfare ... called for emphasis on three sets of services which were deemed clearly essential to the health of children." The set that emphasizes Head Start need to maintain present regulations in the health component says:

"Comprehensive health care for all children up to five years of age. We'd like to be able to recommend this kind of care throughout childhood but in view of the budget situation our emphasis must be picking up early, early things before they become major problems-eyes, hearing and learning disabilities." Scherr goes on "budget cuts are not being made in relation to the effectiveness of existing health programs." The same seems to hold true for the proposed changes in Head Start regulations. Advocate to keep the regulations and standards governing Head Start strong, don't deregulate!

Proposed policy #2 - Compliance Monitoring and Program Assessment

Proposals seem to be valid given constant staff and philosophical views of local programs and regional offices. Given the rapid changes in our regional ACYF office staff I doubt the necessary consistency exists or, is possible at this time. My personal fear is that federal review personnel will not be accessible, or visible at the local level. Given the increasing cost of travel, etc., reviews will be few and far apart. Based on the last program review we experienced, I feel reviews are extremely beneficial to the program administration, staff and program participants. It's good to know if you could improve, and everyone appreciates a pat on the back from time to time!

Peer reviews are one method to accomplish the above; a concept suggested a few years ago Wisconsin's State Head Start Association. It is a cost effective, sensible solution to a program's need for review. A localized review system that would be sensitive and cognizant of localized needs and concerns.

To this subcommittee, I echo the charge issued by the National Head Start Association: "...we encourage gover officials to seek avenues whereby the integrity of the am and its key facets will not be compromised." First and foremost, protect Head Start's quality:

1) Maintain the comprehensive, multi-service nature of the program;
2) Parent involvement should be maintained and not compromised ("The fact that Head Start mandates that parents have decision-making power in the program is crucial... Head Start seems to increase participatings parents' sense of control over their lives, which in turn appears to contribute to their children's sense of self-esteem.")
3) Continue direct funding to communities to ensure the program and its flexibility; and
4) Don't deregulate, keep the regulations and standards tough.

As my testimony reads, you probably have ascertained that overall I concur with the proposed objectives and proposed policies as set forth in the Strategy Paper. It is to be a far reaching, extensive review and revision of a program that has existed for some sixteen years. Given the budget restraints that presently exist, I believe it will be largely up to the local Head Start programs to begin their own improvement, strengthening and streamlining based on the proposals outlined in the paper. We need to show you we believe in the program and the system; and that we are cognizant and empathetic to our present economic plight. You have been sympathetic to Head Start, particularly this past year, and I, for one, pledge myself to maintaining, but, improving Head Start.

Thank you for giving me the opportunity to testify and for reading my testimony.

STATEMENT OF VIRGINIA ROMAN, HEAD START PROJECT DIRECTOR, STEVENS POINT, WIS.

Ms. ROMAN. Thank you, Mr. Chairman, and members of the committee.

My name is Virginia Roman. I am a Head Start Director of 3 years, a past chairperson of the State Association in the State of Wisconsin serving 159 to 189 children in four counties, with 50 eligible children on a waiting list.

I am particularly honored and pleased to be a part of this subcommittee hearing this morning, given the glowing reports from the committee and from the other testimony. It makes me feel really good inside.

I was particularly looking forward to meeting Congressman Petri. Two of my counties are in his district. Those two counties serve 60 children, and the other counties in his district serve an additional 300 children. He is back in Wisconsin.

Mr. ANDREWS. I think he is due here soon.

Ms. ROMAN. Later this afternoon, his office said, yes.

Mr. ANDREWS. Yes.

Ms. ROMAN. You have my testimony to read. It is really not my intent to read that testimony verbatim. Because of the time, I would rather just summarize my main concerns and my charge to this subcommittee.

Basically, I echo the charge of the National Association when they responded to the paper very recently. That is that they encourage Government officials to seek all avenues to insure that the integrity and the key facets of the program are maintained.

First and foremost, the Head Start must be maintained. It must not be compromised. First, the comprehensive, the multiservice nature of the program needs to be maintained. Presently, for instance, with one of the components—presently, I see that one of the regulations proposed change is going to further threaten the health of the children of this Nation. It is already threatened with the present budget cuts, with the transfer of Federal to State control. We don't know exactly how intensive that threat will be, but it is there.

Our emphasis then has got to be on early intervention, picking up at an early time those health problems that could become major problems, the eyes, the ears, the learning disabilities. Head Start, with its present health component and its present regulations, can meet that need. Already, Head Start is one of the major caretakers of health in the Nation among children. We need to maintain that. I feel that, by reducing the regulations, this will only hurt us in this quest.

We need to maintain parent involvement and not compromise it. In my program, and I am sure this is true nationwide, parents that are involved in the program, particularly in the decisionmaking process, tend to gain a much better self-control of their lives and, in turn, their children develop a much better self-esteem.

Presently, my 1982 and 1983 budget for training and technical assistance has been cut 50 percent from last year. That means that 50 percent less of my parents will receive mileage and babysitting

reimbursement, which means that the parent involvement component is going to be much more difficult to maintain.

We need to continue direct funding to the communities. It is this local flexibility, being able to gear our program to the local needs and the local situations, that has helped make the program so successful.

Don't deregulate. Keep the regulations as they are. Head Start programs need to know exactly what is expected of them. Our communities, our parents that we serve, need to be assured that we are indeed serving their children in the way we are supposed to serve them. I don't find that regulations are a burden. I find that they are helpful to me.

As Caspar Weinberger said when he signed the Head Start performance regulations in 1975, "After years of intensive experience, we feel that the performance standards are reasonable and attainable." As a Head Start Director that has worked with them for 3 years, I can only attest to the fact that they are indeed reasonable and they are attainable.

Also, endorse full funding for the Head Start program. Without it, there is no question that either quality will be sacrificed, the number of children we serve, or the services that we provide. I already am a part-day 8-month program. I know that I am struggling with my present budget for 1982-83. I am already looking at staff cuts I have 10 CETA slots that are worth $33,500 to me. If they are eliminated, where am I going to get the help. I use foster grandparents, I use volunteer students from a local university. I don't know where else to go. I feel that I have tapped all possible resources.

My child care food program, as you know, has been cut. I am already looking at an 18-cent reduction for this year. If the 20 percent that President Reagan has suggested goes, there is another 29.5 cents per day, per child that I am losing. I don't know where that money is going to come from. Because of that, it will be hard for me to maintain the present quality and the present performance standards.

Thank you very much. [Applause.]

Mr. ANDREWS. In other words, you are not a Virginia who wants to answer "Is there a Santa Clause" letter.

Ms. ROMAN. You are right.

Mr. ANDREWS. Next I would like to ask one of our very finest members of the subcommittee and of the full committee and a good friend. His name is Pat Williams and he is from Montana.

I believe, Pat, you know our next witness. I will ask you to introduce her.

Mr. WILLIAMS. Thank you, Mr. Chairman.

I am very pleased that Billie Jean Hill is with us this morning, not only, Ms. Hill, because we don't get many Montanans here, but also because this is a particularly important hearing. I want the members of the committee to understand that you are well qualified to be appearing at this hearing.

Mr. Chairman, Ms. Hill is the Project Director for the Head Start program in Montana's capital city of Helena. She is Deputy Director of the Rocky Mountain Development Council in Montana; she has served on the National Advisory Board for Head Start for the past 6 years; she was a member of the National Task Force for

Performance Standards for Head Start; is now the Director of the regional Head Start Association Board; and past President of the Montana Head Start Directors Association.

So she understands Head Start from the point of the administrator, the teacher, the parent and the student. We are delighted you are here to share your knowledge with us.

[Prepared statement of Billie Jean Hill follows:]

PREPARED STATEMENT OF BILLIE JEAN HILL, PROJECT HEAD START, HELENA, MONT.

The Helena Head Start Program successfully attempts to meet the needs of 160 children ages three to six years old. Ninety percent of the children are from families with incomes below the federal poverty level and ten percent are from families above the poverty index. Families above the poverty index have children with special needs.

The Program has a staff consisting of a Director, Social Services Coordinator-Program Assistant, Education Coordinator, Health Coordinator, Parent-Community Volunteer Coordinator, eight (8) Teachers, eight (8) Teacher Aides, three (3) Bus Drivers, three (3) Bus Aides, two (2) Cooks, a Speech and Language Pathologist, and a Janitor. (The Program has a Psychologist under contract.) The combined years of Head Start dedication in the Helena Program totals 155 years. All these years are representative of a truly professional program.

The Program operates for thirty-nine (39) weeks of the year from the first of September to the end of May. Each child attends a part day, four (4) hour session, Monday through Friday. There are four (4) morning sessions and four (4) afternoon sessions. The children receive a hot breakfast and a hot lunch or a hot lunch and one snack a day; together these meals provide the child with two-thirds (2/3) of his/her nutritional requirements.

The Social Services Component maintains a systematic process of outreach and recruitment which insures enrollment of eligible children regardless of race, color, creed, sex, national origin or handicapping condition. Our

children are enrolled primarily from most needy families, families who have children with special needs and families whose children have had no previous group experience.

The Social Services Coordinator develops and maintains an ongoing relationship with the young children and their families and assists the families in their own endeavors to improve the conditions and quality of their home life. During the Coordinators initial visit an assessment is done to determine any needs the child or the family may have. Every effort is made by the Coordinator and other Head Start Staff to directly provide what the child or family needs or to refer the family to an agency or individual that can assist them. Home visits are made as necessary to discuss and re-assess family needs. The Coordinator encourages Head Start parents to become involved with their children's education, not only in the Head Start classroom but at home.

The Coordinator provides an awareness of community agencies to families through a Community Resource Booklet which is revised and distributed yearly. In conjunction with this endeavor the Coordinator works with other community agencies to insure that they provide the best possible services to Head Start families and their children. A referral and follow-up system is effectively maintained

The Social Services Coordinator and the Parent Involvement Coordinator revise the Head Start Pamphlet yearly and strive to increase the distribution.

A "Parent Orientation Packet" has been devised and is distributed to each parent each Program Year. Throughout the year additional information from each of the components is sent home to parents to add to their "Packet".

The Health Component will continue to develop and expand under the direction of the Health Coordinator.

Parents have a choice of medical and dental services. They may seek out a private doctor or dentist, the Children and Youth Clinic or the Carroll College Dental Hygiene Program.

The Health Advisory Committee consists of a doctor, a dentist, a psychologist, four (4) Head Start parents, the Head Start Health Coordinator, and the Head Start Director. At least two workshops a year are conducted from this group of professionals.

The component will continue to improve the Health Education for staff and parents by increasing health resource information through notices and in-services.

The Health Coordinator will refer and coordinate services with a psychologist under contract to the Program. The Coordinator will continue to work with the Head Start Speech and Language Pathologist and other services available to the Health Component.

Health emergencies in the classroom will be handled immediately and as stated in the Health Plan. Ongoing medical assistance will be provided to all parents, i.e., crisis intervention and problem solving.

The audiological screening technique was extended by using not only the pure tone audiometer, but the impedence bridge tympanogram, thus providing a more complete audiological screening. The use of the tympanogram enabled the clinicians to greatly reduce the number of children that were previously un-

tested. (The audiological screening was conducted by utilizing licensed audiologists from Easter Seals and the Office of Public Instruction, thus improving the screening process as well as the working rapport between Head Start, Easter Seals and the Office of Public Instruction.)

The Nutrition Program changed its nutritional habits by utilizing more cookery with honey and molasses instead of sugar and experimenting more with whole wheat products. It is a learning process for the cooks as well as the children and their families.

The Health Coordinator insures the mandated number of handicapped children be correct. The Coordinator works in cooperation with related agencies to see to the needs of the handicapped child. The Health Coordinator will continue to see that documentation on professionally diagnosed handicapped children is in place in the child's records.

It is customary in our Program to hire a Registered Nurse as a Health Coordinator.

Parents, as prime educators of their children, will be given more training in home-center learning activities. Teaching methods will continue to be developed to meet the ages, stages, and needs of each group of children with priority to be placed on increased individualization and documentation of the curriculum. Teaching methods will continue to encourage and foster curiosity, social skills, self-reliance, self-esteem and self-confidence. The role of the teacher aide in the classroom will continue to be enhanced by further training.

The center which is child-sized and oriented to promote a supportive climate will continue to be improved in the area of the child learning centers.

The children's outdoor play environment has been expanded and made safer and more individualized and stimulating. The outdoor area was extended by the addition of 4050 square feet which is fenced and contains equipment designed primarily for younger children and children whose motor skills and social skills are less developed than those of the older children we serve. This area contains a large sand box, a low tire climbing tree, a low and wide blalance ramp, a low climbing cargo net, and a lrage tractor tire crawl through. The outdoor area that had been used previously had been made larger and safer by the addition of a fence between the parking area and the play area.

The Education Component in conjunction with the Health and Social Services Components will conduct three staffings per operating year on all Head Start children. The content of the staffings includes the child's physical, social, emotional, and intellectual development as well as medical, dental, and special services information. The initial staffing occurs within one and one-half months after the children begin Head Start. Prior to the staffing the following is completed: Developmental screening, vision, height, weight, and auditory screening, and speech screening. The team attending the initial staffing is comprised of the child's Head Start Teacher, Education Coordinator, Social Services Coordinator, Health Coordinator, Speech and Language Pathologist, and if necessary, a Psychologist. The intermediate and final staffings differ somewhat: the staffing team is extended to include professionals from the Office of Public Instruction who presently provide or will provide services to the child in the following year. These staffings are in addition to the child study teams and Individual Education Plans developed for handicapped Head Start children.

The information garnered from these staffings is used to help individualize the curriculum to meet children's needs, i.e., to collate information and expertise, to provide referrals to resource agencies, and to help with personal needs.

A follow-through study tracking former Head Start children in elementary school was instituted in the Spring of 1979. The areas with which this study is concerned are: over-all ranking in class, adult-child relationship, child-peer relationship, adaptability to school situation, child's behavior, self-concept, gross and fine motor skills, attention span, initiative and creativity in school work, problem solving ability, language development, comprehension, reading readiness, general health, attendance, and parent involvement.

The objective of this study is multi-purpose: to track the grade school progress of children previously in Head Start, to compare the children's grade school progress to the number of years they attended Head Start, to assess the effectiveness of our Project, and to delineate areas where programmatical changes may be needed.

An integral part of the Fall opening of Head Start is the use of the Diagnostic Inventory of Assessed Learning -- the DIAL -- as a tool for screening the developmental skills of children who had not previously attended Head Start. The DIAL concentrates on the child's gross motor, fine motor, concept and speech development. The screening is administered during the first week of Head Start. The parents accompany their child to the screening and follow the child through the various screening stations. After the screening is completed the parent and the child go to the classroom. The children in attendance the first day of school are those who have been in Head Start previously and those

that have completed the initial screening. The initial screening is conducted for five (5) days. Therefore, each day of school -- from the first day to the fifth day -- has increasingly more children in attendance. This allows the new children more individual time with their teacher on each child's first day of Head Start. It also allows parents to meet the Head Start Staff on an individual basis. Within a week of the completion of the initial screening, parents are sent a letter stating that their child passed the screening or would be re-screened. Children who did not perform adequately in two (2) of the four (4) developmental screening areas were scheduled for a re-screening. The re-screening occurred within three (3) weeks of the initial screening. If a child's skills in two (2) developmental areas ranged below the screening cut-off points on the re-screening, the parents were contacted for permission to refer the child to the appropriate resource person for diagnostic evaluation. If a child did not perform well in one (1) developmental area on the initial screening, the child was placed in a follow-up category. The follow-up was conducted by the child's teacher utilizing in-class individualized teaching techniques to concentrate on particular developmental skill.

The use of the DIAL enabled the ancillary staff and teaching staff to have an earlier and better understanding of children's individual skill levels thus providing a means for individualizing curriculum and referring children to special resources earlier in the school year. This new approach -- staggering classroom attendance and the DIAL screening -- is well received by parents, children and staff.

Head Start Staff receives training in the respective early childhood development areas through pre-service, in-service and ongoing training sessions and workshops. We currently have nine staff members that have completed the Child

Development Associate and five remain on the staff. One (1) teacher has a degree in Early Childhood Education and two (2) teachers have degrees in Child Development. Each of three (3) teachers have more than six (6) years experience in Head Start with Elementary degrees and the two (2) remaining teachers have a degree in Psychology and Art and Physical Education respectively. With a classroom staff that is lettered and CDA credentialed and a professional ancillary staff, our children receive quality experience. The non-professional staff in composed of sixty-two percent past and present Head Start Parents and the remaining from the low-income group. Over the last fourteen (14) years that the Helena Program has been in operation, we have employed over one-hundred (100) Head Start parents in professional and paraprofessional positions.

After an initial visit informing the Head Start parent about their role as parent in the Program, the Parent Involvement Coordinator encourages their participation throughout the year. The parents fill out a questionnaire at the Coordinator's visit and the Coordinator utilizes this information to enhance parent involvement.

The Parent Involvement Coordinator provides on-going in-service for all the parents including classes, nutritional workshops, and other areas relating to parent roles.

The Coordinator is an ad hoc member of the Policy Council, acting as facilitator. The Coordinator has explained the Policy Council and its functions during the initial visit. Policy Council training is on-going. Each year the Policy Council becomes stronger and more knowledgeable and the fact that old members are actively seeking re-election the past three (3) years denotes a viable Policy Council structure that is functioning as it should.

Ideally, in a Head Start Program of fourteen (14) years duration the problems facing parent groups have leveled off and from experience, they are able to see more clearly in what direction they should be headed. They have experimented and succeeded and they have experimented and failed. From these experiments have come new insights of operation. The old parents working with new parents are able to see our Parent Involvement first as a socialization program. Head Start offers our parents an opportunity to meet, to socialize, to learn and to be accepted, and to have fun. On this basis, the Parent Involvement begins. The parent becomes aware of the problems he can solve in the Program and becomes aware of how he or she can contribute to the Program. It matters not how large the groups are. What really matters is how active and interested the group is. One core group can enliven and enrich a whole Program far better than any Staff letters, notices or directives. The Head Start Program belongs to and benefits the Head Start family and they are the ones best able to form their groups, invent their projects and design the contracts of their gatherings to best suit their needs.

Head Start is the only agency that provides a person to coordinate all volunteer activities in the Community. The Volunteer Coordinator initiated and continues to be responsible for a weekly column "Lend-A-Hand" published in the Sunday Edition of the Helena newspaper. This column is available to any individual or organization who needs or can provide volunteer services.

The Volunteer Coordinator is also a member of the Helena Volunteer Coordinators Council. This Council, consisting of twenty-three (23) Helena agencies, began four (4) years ago under the direction of the Head Start Volunteer Coordinator. This year the main project of the Council was the publication and distribution of the "Volunteer Opportunities" booklet. The Volunteer Coordinator was responsible for the origin and implementation of this project. The Helena Head Start Program is pleased to be the initiator of these valuable community resources.

All Staff members are advocates of the Head Start Program in the Community. They are available as resource people. They are knowledgeable about the goals of the Head Start Program. They are aware of the needs of low-income people. They sincerely care about their Head Start Program.

STATEMENT OF BILLIE JEAN HILL, HEAD START PROJECTOR, HELENA, MONT.

Ms. HILL. Thank you, Mr. Williams. Who was that wonderful person that you were talking about?

I have been with the Head Start program for 14 years. I started as a teacher, moved to Education Director and then Director So I feel that I do have a fair knowledge of the Head Start program It is a program that I dearly love. It is a very special program and it is a program for the whole family.

Head Start uses as a base four strong components. We need to keep these components intact. education, social services, health and parent involvement. These components work hand in hand to make the program one whole program.

The education is a program of the classroom. We have in Helena a 9-month program. We did have a 12-month program, but did lose them a few years ago.

The methods used in the classroom meet the ages, stages and needs of each group of children. Individualization is stressed. Curiosity, skills, self-reliance, self-esteem, self-confidence, are all fostered in the classroom. We did have CETA's in Montana, but they are now extinct.

The second large component is social services. It works with the whole family. It recruits children, counsels the families, refers families to other agencies, works with the other agencies to see that they help our families.

The third large component encompasses medical, each child has a medical and followup, dental, each child has a dental exam and followup; handicapped; psychological; and nutritional.

The fourth large component is parent involvement. We ask the regional and the national office not to touch a document called the 70:2 or the I-30 or the I-31, which clearly defines the role of the parent in the home, in the classroom as a volunteer, in the program as an employee, and as a decisionmaker in the program

We have strong training and technical assistance, strong inservice, strong preservice. It has always been extensive and comprehensive and ongoing to make a program more important and effective in all components. Our local or contractual people have improved year by year with the recognition of the importance of early childhood development.

The successes of Head Start have allowed us to be innovative and creative. We feel free to move ahead and continue our quality programs. There is so much room for growth in the program, if only it is not stunted or snipped or cut. Everyone who touches or is touched by Head Start feels the the strength and worth of our efforts.

We voluntarily evaluate ourselves by a sophisticated instrument called the SAVI, or self-assessment validation instrument. We need to self-dissect ourselves. We need to complete program information reports to see where we stand twice a year. We need to be monitored by teams with expertise in our related fields.

I would ask that Head Start be retained in all its completeness, that we be allowed to continue working with the whole child and his family, and that some day soon, we may conduct our quality

business of families without an ominous cloud hanging over our head. Head Start has done well, does well, and will continue to do well if it remains the same. Please recommend no fix-its.

Thank you very much. [Applause.]

Mr. ANDREWS. Pat, I don't believe you overintroduced her at all, not at all.

All right. From Russellville, Ark., Bud Choate.

[Prepared statement of Bud Choate follows:]

95-358 O—82——7

PREPARED STATEMENT OF BUD CHOATE, HEAD START PARENT, RUSSELLVILLE, ARK

Under the direction of the Assistant Secretary for Human Development Services, ACYF prepared a draft entitled HEAD START: DIRECTIONS FOR THE NEXT THREE YEARS. The draft was dated October 22, 1982. The purpose of the draft, as stated, was to provide a brief overview of ACYF's program objectives for the Head Start Program over the next three years and outline the actions that could be undertaken to achieve them.

While we wish to acknowledge the guidance and support ACYF has provided for Head Start in the past we must at this time, as representatives of the Head Start community, question many of the proposals made in the draft.

Our areas of concern will be expressed specifically in the order they appear in the draft. This will be followed by a summary and an overall review of the draft. Specific concerns about each part and objective are as follows:

PARTS I AND II - PURPOSE AND STRUCTURE OF PAPER:

Although we feel a draft of this nature can be informative and an asset, the fact that this particular draft appeared so quickly and with very little response time, left us to believe that most of the proposals were made without sufficient input from the local Head Start community and

that any input after the draft was issued would have to be quick and minimal. In this case we believe "haste may make waste."

PART III - STAFF PARTICIPATION:

We suggest that local grantee's should have been more directly involved. We feel this would have saved time and money in the long run.

PART IV - CONSIDERATIONS AND ASSUMPTIONS:

We are extremely pleased to see ACYF's recognition of Head Start as a viable, comprehensive program that has and is meeting an urgent need in our nation.

We regret the fact that in this part ACYF did not foresee the support Head Start has both in Congress, and from the public, friends, parents and staff as evidenced from a funding increase and the many letters and phone calls in response to program cuts and changes.

Under the same part the draft talks about "Emerging Changes in the Federal Role."

It appears to us that this section is alluding to the new "federalism policy." We strongly feel that a move in that direction would be the end of Head Start.

Under this same heading, ACYF suggested a renewed emphasis on stimulating the participation of the business

community, private and voluntary organizations in addressing social needs, and on promoting the contribution of resources from the sectors. Our response to this is that we are already by law providing a 20% match to our funding from local sources. Given the present economic situation, high unemployment, business uncertainty, and cuts in support programs, it is highly unlikely that additional resources, beyond those already required can be secured in many local areas. We do believe that programs should be required to provide the non-federal share and few, if any, waivers should be granted.

PART V - OBJECTIVES AND STRATEGIES:

Objective #1 - Maintain and, If Possible, Expand Head Start Enrollment:

This is a very positive objective which I'm sure the Head Start community strongly endorses. However, the manner in which ACYF proposes to accomplish this is one of our strongest points of objection. ACYF has identified four factors related to this objective.

The first factor is budget. Congressional support for Head Start has allievated this factor so far.

The second factor is program quality. We recognize ACYF's commitment to this goal and agree with their efforts to direct more discretionary monies to local programs. We

agree that summer programs should be phased out or converted to another Head Start option. We believe that present standards must be kept and maintained to ensure program quality.

The third factor is Promoting Economies and Efficiencies in Local Program Operations. This is an area of great concern for several reasons. First, ACYF proposes to limit all programs to part-day operation on an 8 month basis. On close examination of this change it is clearly evident from parent responses that program participation in rural areas would drop dramatically. To elaborate, Head Start programs are designed around parent and local community needs, this flexibility is of the essence to the success of Head Start. Many rural programs serve working parents and it would be impossible for them to accommodate a shortened day from a financial and transportation standpoint. In many cases there are no (or very limited) day care facilities available. In many cases parents have openly stated they would have to quit work and apply for welfare if a full-day program were not available. Therefore, Head Start is not only providing excellent comprehensive services, including care and training for their children, but also allowing parents to become active participants in their community, and last, but not least, taxpayers instead of tax liabilities. Also, we suggest, that in most rural areas it will cost more to

convert to and maintain a part-day program in lieu of an already functioning full-day program.

Another important fact is that many of the full-day, full-year programs are operating at lower cost per child than the four or six hour programs. In essence this proposal will likely limit enrollment and increase operating cost - the opposite effect it is intended to have. It is our suggestion that these full-day, full-year, cost-effective, quality programs should serve as models for others to follow.

Second, ACYF proposes to limit per-child cost in high cost grantees. They suggest two solutions. One is to "standardize" all programs so a cost analysis could be made and then single out the high-cost programs for modification.

Our contention is that to standardize Head Start is a direct assault on its very fibers of success. Further more, to penalize the many cost-effective programs in order to get high-cost programs under control is both uneconomical and absurd. Their second proposal is to study each high-cost program individually and bring it under control by negotiation. We suggest that this second solution will be much less disruptive to successful programs, and will definitely be more economical. We strongly agree that

high-cost programs should be brought under control, but not at the expense of low-cost successful programs.

Along this same line of promoting efficiencies, ACYF also proposed the consolidation of small grantees. We seriously question the economy in this and, more importantly, suggest that this will seriously disrupt local control and familiarity of available resources within local communities. Again, this is a move toward centralization which is not compatible with Head Start success. We believe this to be of benefit to regional office staff only and is not supported by local community leaders nor parents. We suggest that each small agency be reviewed as to their operating efficiency before being automatically consolidated.

The development of staffing and guidelines is also suggested by ACYF in view of the fact that personnel cost constitutes a large percent of local Head Start operating expense. We, in turn, suggest that this is to be expected and is a normal pattern in an organization serving people. Although Head Start is currently operating under federal and state staffing guidelines, we agree with ACYF's proposal to further analyze this area in hopes of creating more equal and fair patterns of staffing among programs. We strongly caution ACYF in their analysis of this area to make careful note of the fact that availability of special types of personnel will vary greatly from region to region and from

grantee to grantee. It is likely that some areas will not be able to operate under a strict set of regulations in this area. Again, local program design may be disrupted.

Another ACYF proposal addressing this need is the development and transfer of cost analysis technology concerning techniques for monitoring and assessing the cost of child care services. This technology is based on a project carried out by OHDS concerning day care services. While ACYF acknowledges the difference between day care and Head Start we would like to further caution them in applying this technology to Head Start without first consulting with local programs to determine what specifically is needed. We suggest this will save money, duplication and disruption in the long run.

Under "Other Activities" to promote efficiencies in program operations, ACYF proposes to study the efficiencies of high-quality, low-cost programs in hopes of learning from them and supplying this information to high-cost programs. This is perhaps one of the most "common sense approaches" in the draft and we strongly agree. Here, ACYF also comments on the high cost of transportation. Our response is that not all Head Start programs own or operate a fleet of vehicles, Arkansas and Region VI for example. It is our belief that this inequity is due to historical funding patterns and definitely needs to be analyzed by ACYF.

This could certainly be a major factor in high-cost programs and in which these same programs could learn from lower cost programs.

In this same area of program efficiencies, ACYF also acknowledges the fact that they do not have a reliable, on-going system for collecting and analyzing program cost. Due to Head Start diversity and uniqueness we are in sympathy with this problem. In response, we suggest that ACYF, in close contact with regional office staff and local programs (work programs approved by regions contain program information), work together to make this possible and beneficial to both. Further in this area, we are in agreement with the proposal to require a more detailed grant application at least every three or four years.

ACYF is also advocating in this section a renewed emphasis, particularly to programs weak in this area, on the utilization of non-Head Start resources. We whole heartedly agree with this proposal. Although, we feel we are, and always have squeezed the turnip as tight as possible, we wish ACYF luck in accomplishing this on a national level. We believe that programs operating at a low cost have successfully coordinated and utilized all community and state resources. We believe this to perhaps be one of the factors in cost variance. We believe that in

light of present economic conditions and numerous cuts in related programs that Head Start will find resources not as plentiful.

Objective #2 - Improve Program Quality:

We strongly agree with ACYF's proposals in this area to reduce class size, increase staff salaries, and maintain the performance indicators. To elaborate, much of Head Start's expensive staff turnover is a direct result of inadequancies in the first two of these areas. Under "Other Activities" in this same area ACYF advocates intensifying program activities directed at parent and family involvement - we strongly agree. Also, they address the lack of qualified teachers. We suggest that emphasis should be placed on competency-based programs rather than degrees, for example, the highly successful CDA Program. ACYF should keep in mind that part of Head Start's philosophy is to provide opportunities for local people to participate in the program and receive career development training.

Objective #3 - Improve and Streamline The Delivery of Training and Technical Assistance.

We acknowledge some of ACYF's beliefs in this area. For example, T/TA functions that are vital to Head Start's success should be continued, that it must be more accountable

to the local Head Start grantee community, that it must be flexible and that it must be stable. It is our opinion that our current state-wide T/TA programs are doing a fine job at carrying out their responsibilities. We, also, strongly suggest that if "streamlining" must take place it should be done by diverting more Research and Demonstration funds to state-wide T/TA's. It is our strong contention that each state has within its own boundaries training resources that are in tune with local needs that are not being utilized. We believe that certain specialty trainings that are well established and proven efficient, such as Home Based Training conducted by the seven Home Start Training Centers and the RAP Programs, should be continued as presently funded to give extra support to the State T/TA - CDA networks. We are also positively against a large expenditure of funds for the establishment of any more information exchange systems or specialized technical consultation centers at the regional levels, specifically this means the Child Development Resource Centers proposed by ACYF. We suggest that what is in place now is sufficient and working well to serve local needs. More duplication in this area is absurd.

We are in complete agreement with more directly linking CDA to state-wide T/TA's. We strongly emphasize the need

for a national group to provide the direction and actual CDA Credential. We do not want total decentralization of the credentialing process as we believe this will lead to weakening the validity of the CDA credential.

Objective #4 - Strengthen Head Start's Relationship With Other Public, Private and Voluntary Agencies and Organizations:

In this area ACYF proposes that collaborative agreements with other agencies either be established or reaffirmed. Although we know that Head Start has this already in place in many states, we agree that improvement in this area is needed. Also proposed in this area is more "Demonstration and Technology Transfer Projects." We state again, that more of these projects are not only not needed but are an extreme waste of valuable funding. We propose, instead, that current information is more than sufficient in most cases and can be disseminated adequately through the proposed T/TA state systems. We must stress again, that this objective will likely be extremely limited due to economic conditions and cuts in other programs.

Objective #5 - Improve the Administration and Management Of Head Start:

ACYF's direction on this objective is toward the simplification of Head Start regulations, the reduction of grantee reporting burden and the implementation of

program assessment procedures that place more emphasis on program improvement than regulatory compliance.

Our response is that while this direction may look good, it, in fact, may lead to the demise of Head Start. To elaborate, due to Head Start's complexity and high staff turnover we suggest that the guidelines and regulations now in place are a strength of Head Start not a weakness. We, therefore, are against "watering them down." We think the guidelines place emphasis on having good programs.

In summary, we feel that many of the proposals in the draft will either be unworkable and/or create higher cost. We feel that children, parents and local community needs are not being fully addressed. We feel, also, that some of the proposals are a direct duplication of services already in place. We think that many ACYF suggestions would limit flexibility of program designs, to meet local needs, such as the total conversion of Parent Child Centers.

Although we are in agreement with some of the proposals, we strongly suggest that ACYF further analyize the points we are concerned with.

STATEMENT OF BUD CHOATE, HEAD START PARENT, RUSSELLVILLE, ARK.

Mr. CHOATE. I would like to say again, Chairman Andrews, members of the committee, that my name is Bud Choate and I am from Arkansas. I would like to say that I sincerely appreciate this opportunity to come up and share our views with you about this draft.

I am currently—I am not a Head Start Director, I might add—I am currently in the role of a Head Start parent, a speech pathologist and a handicap coordinator in a nine-county agency in Arkansas serving approximately 624 children. I think this role has given me the opportunity to see Head Start at its grassroots.

Chairman Andrews, since my written testimony is quite long, I would like to summarize it, if I may.

Mr. ANDREWS. Very well. If you will submit to the gentleman over on your left, at the end of the table, your full statement, we will see that it becomes a part of the record.

Mr. CHOATE. Thank you.

I would like to bring up the fact that we realize that this draft was circulated as a draft for comment purposes. However, we found that its wording, in many cases, led us to believe that it was a lot stronger than a draft and that really concerned us. For example, wording like "we are planning" is used several times. The phrase "policies we are making," that concerned us.

We were concerned that the response data on the draft was insufficient, and that input from local parents and staff and communities would be very limited. For example, the draft was dated October 22, 1981. We didn't receive it in our office until November 14, 1981. The cover letter said they want a response date November 25. That worried us about the amount of response that they were looking for from this draft. We do not feel it was circulated nearly as widely as they made it out to be. In fact, our own Congressman in our own State had to find it out through us. So we felt like the local people might have been left out in that. I believe we have corrected that problem now.

Mr. ANDREWS. Ms. Hardy told us this morning that the final draft of this before it is implemented will be printed in the Federal Register? I understood her to say this morning that—check that if you will. If not, let us get back in touch with her and ask for that. I understood her to say that the final draft would be published.

Is Mr. Kieffer here?

Mr. KIEFFER. We will provide that for you.

Mr. ANDREWS. You will provide that.

Did she say that this morning?

Mr. KIEFFER. I don't believe so.

Mr. ANDREWS. You don't think so?

She did make a statement of that sort, but was she talking about the regulations?

Mr. KIEFFER. Right.

Mr. ANDREWS. Then I misunderstood her. I will get the answer to that question.

Mr. CHOATE. Thank you.

In response to Mr. Miller's comments, maybe I can shed some light on one of the other problems we have, and that is on the di-

lemma with the 8 months and shortened day programs. We firmly believe that if they would have done a more indepth analysis of this, it would have shown that many of the programs providing full-day, full-year services are not only necessary, but they are cost effective.

In our program, we don't have the luxury of assumptions. We have to put the pencil and paper to everything that affects us. And through our own analysis, it came up that for us to convert some of our full-day, full-year programs, it was going to cost us $30,000 more, several thousand dollars more to make the conversion because of the extra expenses it would have entailed. So we felt really strongly about that.

We feel that these programs were designed what was needed in the local community as expressed by the people in that community. That why we are successful.

In many of the programs serving working parents, alternate day care is not available. It is either limited or nonexistent. We think it would be absurd to limit these people to half-day services and force them back on welfare. We need more taxpayers, not tax liabilities. [Applause.]

Mr. CHOATE. Let me read to you one of the parent letters that I have with me. I would like to submit these to your staff, Mr. Chairman, for inclusion in the record, if they so desire.

Mr. ANDREWS. Very well. Without objection, they will be made a part of the record of the hearing.

[The information referred to follows:]

WALDRON, ARK.

(1) Head Start has helped my child a great deal and has given her things to learn and play more than I would ever be able to do. She's learned her colors and etc. what I don't have time to teach her and she gets vitamins and meals that I can't afford to give as often It helps me to be able to enjoy and spend more time with her when she's with me because I feel more like being with her.

(2) Head Start would hurt every working mother and wouldn't pay them to even have their children in the center because they have to have them picked up and pay a sitter.

(3) I like Head Start in every way that I know and I think their weakness would be that they should raise the income on the parents because you would have more children in the center. For the money requirements on the wage statement. Thank you very much.

DIANE SMITH,
Head Start Parent.

WALDRON, ARK., *February 17, 1982.*

Head Start has given my children the opportunity the be with other children their age & learn so many things. They truly enjoy the classes. music, being with the other children. It has helped in so many ways. In this time it takes 2 parents working in order to make ends meet. The Head Start program has given me the chance to help my family, because, when my child is at the center I don't have to worry about the care she is receiving. If the program were cut to 4 hrs. The child wouldn't get as much learning time. It would really affect my job also. The greatest strength of H S is the attention the children receive from the instructors & all the teaching they do to teach right from wrong. To help the parents in the raising of the child. I can't think of a weakness one in H.S. Everything they do is for the good of the children & for the good of the community.

PATRICIA J. BROWN

WALDRON, ARK.

(1) Head Start has helped my child a great deal. She was very shy and withdrawn, but since she has been going to H.S. she is alot more outgoing.

(2) If Head Start were cut to 4 hrs. it would be difficult for me because I work and would have to pay someone to pick my child up early and to keep her until I get off work.

(3) Head Start has many strengths it has a lot of learning activities and games. I think the greatest weakness is they don't have enough teachers or volunteers to help out in the center.

GAYLENE CANADA,
Head Start Parent.

WALDRON, ARK.

(1) Head Start has helped my child in many ways. It has helped to learn how to interact with other children. And also in problem solving. He doesn't depend on me so much for dressing him and doing every little thing for him.

(2) Cutting Head Start to 4 hours would not effect me now. But if I went to work it would. And I know it would effect everyone else in program because of picking up the child and babysitting cost.

(3) Head Start's greatest strength is the help it gives the child in adjusting to a learning situation before he starts school. Head Starts greatest weakness is the money lack in the funds which causes it to not operate at its full potential.

LYDIA BUTLER,
Head Start Parent.

WALDRON, ARK.

(1) The Head Start program has really helped my children. They have learned so much that they probably wouldn't have had the chance to if they were staying full time with a babysitter. Also I know they are provided with two nourishing meals aday which, as a working mother really cuts down on worrying about them.

(2) Cutting back to 4 hrs would hurt the children themselves because they won't have as great a chance of learning as they have in a 4 hr program. Also I live 10 miles from the center and on my days off it would not pay me to drive to town for 4 hrs.

(3) I don't know what I consider the greatest strength of the center and I cannot express how much good I think it does children. I have compared my children with other children not going to the center, and they just seem to know so much more. I just hope other children have the chance to attend the center.

CARLA RUSSELL.

Mr. CHOATE. I have several. I will pick one here that was interesting. It says, "How would the absence of Head Start affect you, your family and job if they were eliminated?"

It says, "I would probably find that I would be better off staying home and drawing welfare benefits and food stamps. Babysitters are hard to find and would give up my job rather than leave my child with just anyone."

The question: "How would a half-day program affect you, your familiy and your job?" It says, "This would be the same as cutting it out completely because I could not leave my job to pick my child up."

It shows that comments that they talk about how much Head Start has done for them, the strengths and weaknesses. There are some really good ones.

To continue, we are strongly opposed to the idea of standardizing Head Start so that cost analyses can be made. To penalize the many cost effective programs in order to get the high-cost programs under control is absurd. We hope that ACYF will move

toward their proposal to analyze the high-cost programs on a case-by-case basis.

Along the line of the consolidation of small grantees, especially in the rural areas, we question the economy of this, considering the high cost of the administration and travel. We believe also that this would seriously disrupt the local control and the efficient use of the local resources that are already in place in that area.

We are also against as proposed in the draft, the costly establishment of any more information exchange systems or specialized technical consultant centers. For example, at the regional level, the child development resource centers. What is in place now is sufficient and it is working well, and we object to any more duplication in this area.

Concerning the CDA program, we are in agreement with the training to be carried out by the States, but we feel strongly that to keep this credential valid, we keep the credentialing agent at the national level.

In the area of training, we think that certain of the specialty training such as the seven Home Start training centers, the RAP programs, have proven their efficiency and quality and they should be continued as presently funded.

I would also like to add that, as a handicap coordinator and a person that goes out into these programs and sees these kids every day and does evaluations in the home, I find my worse cases from kids in the home base area. This is the program where the one home base trainer goes out into the field. These are the people that can't get into the centers. These are the people that are back there, that are hard to find. They need that service. That is where I find the most severely handicapped kids in our program.

I would like to say that we are confused about the way the draft addresses the important role that parents play as decisionmakers. For example, on page 3, it says:

> Head Start encourages parents to participate in making decisions concerning local program policy by affording them opportunities to serve on policy councils and other committees concerned with the planning and management of Head Start services.

If you will turn over on page 10, you will see where they wanted to standardize all of the programs, without parent input.

As far as the regulations go, we really support the regulations. We feel like they grew with Head Start and they were necessary to keep a quality program going. We really want to keep them in place. However, we feel that to keep them in place we will need the funding to go with them to keep the program at a high quality level.

I would like to talk to Mr. Miller again. I had the erosion of cuts in here. He already talked about that. We felt strongly that that was a point that should be made.

In conclusion, we know that Head Start is not perfect, but we feel that it is in good shape the way it is. It is successful. And we seriously have questions of the motives of this draft. We feel that the best way to increase enrollment is to continue our work for increased funding, as we always have.

Mr. Chairman, that concludes my testimony.

58 0—82——8

Mr. ANDREWS. Bud, thank you, all of you, for an excellent statement.

We are far, far over time, and all of us have commitments to be other places. In the interest of time, I am just going to ask one question which I hope is not even pertinent in the future. But I have a feeling that it might be.

Just for whatever it is worth, since each of you are from a different State—and I am sure you are aware of the conditions in your State—I would just like to ask this question, first of Virginia and then to each of you: If there should be any considerable curtailment of Federal financial support for Head Start or if Head Start should be block granted to the States, with some much smaller amount of Federal assistance, and you had to look, Virginia, to your Legislature in Wisconsin to add a lot of money to whatever may be sent to you from Washington, just to maintain what you have now, is your State in a position, in your opinion, to carry on that substantial part of the funding for the program? Would they do that?

Ms. ROMAN. My assumption, based on the work I have been doing with the children's political arena in Wisconsin, which was established recently because there is no legislative body that really is concerned with children at the State level and the struggles that they have had, and the fact that day care funding has not been a priority, my assumption would be that that is not very likely.

Mr. ANDREWS. Perhaps Pat could answer also, but since we have you, Billy Jean—I believe you said you have been with the program 14 years.

Ms. HILL. That is correct.

Mr. ANDREWS. Could you tell me if in your State of Montana, if the State Legislature either could or would make up any drastic curtailment in Federal assistance for the Head Start program?

Ms. HILL. I think they would not. There has not been a heavy emphasis on children in our Legislature either, and most of the programs that were child-related have now been cut, obliterated—obliterated is a strong word, but some programs were removed from the scene.

Mr. ANDREWS. The opposite is happening.

Ms. HILL. Right. So I doubt it very much.

Mr. ANDREWS. What about Arkansas, Bud?

Mr. CHOATE. We have a case in point with the title XX program where it was cut and, instead of the State making up the difference, they decided that the parents should make it up out of their own pockets. So they came up with a little pay scale. As a result, we have lost several children out of that program already.

Mr. ANDREWS. You say you serve nine counties. Are they basically rural counties?

Mr. CHOATE. We serve 9 counties, not 99. I am sorry if you misunderstood me.

Mr. ANDREWS. I thought I said nine. Are they basically rural counties?

Mr. CHOATE. It seems like 99.

Mr. ANDREWS. What is the largest city in the nine-county area you serve.

Mr. CHOATE. Russellville is the largest.

Mr. ANDREWS. What is the population?

Mr. CHOATE. It is about 13,000, I believe, or 14,000—somewhere in there.

Mr. ANDREWS. That is the largest?

Mr. CHOATE. The largest, yes.

Mr. ANDREWS. Do you pretty well know the parents of the children who are in the prog.ams in that nine-county area?

Mr. CHOATE. Sir, I work with nearly all the parents. I go to all the centers one time or another and do training with all the parents and talk to them. I have a good give-and-take information system with them. We talk about my work with their handicapped kids. Strictly in the home base, I am in the home and show the parents how to work with them. I feel like I have a good understanding of that.

Mr. ANDREWS. Are any substantial numbers of those parents able to make up the difference if the State didn't, assuming the Federal funds for this program were severely cut?

Mr. CHOATE. No, sir, not those, or even some higher than them.

Mr. ANDREWS. Is that right? Thank you for that.

Mr. Williams, do you have additional questions?

Mr. WILLIAMS. Thank you, Mr. Chairman.

I saw some statistics not too long ago that said out of every 10 children who would be eligible for and need Head Start, we serve two of them. I can't vouch for the validity of those statistics, but it is a good opportunity for us to find out what your ideas would be about the number of students approximately in your areas that might be eligible to be served against the percentage we are serving. Ms. Roman.

Ms. ROMAN. In response to that, we just recently did a study for our four-county area because we were trying to prioritize where the enrollment needs should be. We found that, overall in the four-county area, we are serving just about 20 percent. However, in one of our counties, we are serving as high as 39 percent; the low county, we are serving 10 percent. So we are trying to equalize that out.

But we do maintain about the national average.

Ms. HILL. Perhaps a difference in the population in Montana makes it not quite so stringent an answer. I think we serve 75 percent in Helena of the low income, and in the tricounty area. And possibly not so many in the other areas, the larger cities, Billings, Missoulam, Butte; and smaller areas like Anaconda and Ravalli County serve less than 50 percent of the low-income families.

Mr. CHOATE. Excuse me, are you talking about the number of low-income people or just the number of kids we are serving?

Mr. WILLIAMS. The number of children you are serving versus the number you might serve if you could serve everyone that was eligible and needed the service.

Mr. CHOATE. OK. I think, through the resourcefulness of our program, we are serving a large majority of our people in our area right now. As far as the number of low income totally, I would say we are serving—I would hope at least 50-or-better percent of the low-income people in that area.

Mr. ANDREWS. Did you say 50?

Mr. CHOATE. I would say at least 50 or maybe more, about 50 percent or maybe more, due to the resourcefulness of our agency. Now, if we were a high-cost program and had a transportation system, we could not serve nearly that many.

Mr. WILLIAMS. That is interesting and it is instructive for the committee to have both the 20-percent statistic that I mentioned earlier and to know that, from your three areas, we may be serving as much as half or perhaps 60 percent in some areas.

But it does show the great need unmet in this country for children. Look, we recognize that this Nation is in a budget crisis and there is only so much money to go around. But the question is: Could we serve, if we had the will in this country, every single last young person that wanted to go to Head Start, despite the dollar problems we have today?

Put it in this framework, my friends: If Head Start classes start at 9 o'clock in the morning and we start the Head Start dollar-drain clock ticking at 9 o'clock in the morning; and then we start the dollar-drain clock down at the Pentagon ticking at 9 o'clock in the morning—now listen to this—by noon, by the time those children have been in your Head Start program for 3 hours, the Pentagon is going to have spent every dime that will be appropriated for all of the Head Start in all of America. [Applause.]

In other words, the money is there; the will is not there. We should change that in this country. [Applause.]

I thank both the chairman and you.

Mr. ANDREWS. Very good analogy.

Yes, Bud?

Mr. CHOATE. Mr. Andrews, I thought about that before—the figure on our agency was about 30 percent. That is closer.

Also, Mr. Williams, I tried to call one of the professors over there and find out how many taxpayers there were in the United States. Do you have that figure?

I was going to divide that by the total Head Start budget and see just how much each person really paid toward a program like this.

Mr. ANDREWS. I don't know, but we can get that.

Mr. CHOATE. I doubt if it would be three or four dollars a year that would be paid toward a program that does this much for their own country.

Mr. ANDREWS. Very good point. We can get that. We will make those calculations.

Mr. Miller.

Mr. MILLER. Thank you, Mr. Chairman. I want to thank the panel. This is a rather unusual panel, especially with this administration, because usually what we find is that Congress is responding to pleas from the people to get the Government off their backs, to lift this onerous burdensome load that they are carrying. This administration is pretty good at responding to that, whatever special interest it comes from.

Here you have a panel of people representing a larger group of people. To the extent that I have listened to people in my district and in that general area of California, I have never heard anyone suggest that the system is not working. In fact, as I say, it is held up with accolades at the White House.

You have got to start questioning these massive suggested changes. I think that Mr. Choate has hit on it, and that is: What is the motive? In fact, the motive is to allow the President of the United States to get credit, to look like he cares for children by taking a strongly supported program of high visibility and waving that flag, while, internally, he is gutting that program. It is just that simple.

I think that the motive is evil. I think it is very duplicitous in terms of the face that the White House puts forth with respect to children in this country. And President Reagan should not be allowed to get away so cheaply.

I would be very interested to go through your testimony, as opposed to what was suggested by the Commissioner here a little while ago, that the project directors are in fact saying that everything is all right and this will work out. I have not heard that yet up and down the State of California. I heard just the opposite.

I think that you do, in fact, bring the evidence of what these cuts mean when you have to try to deliver the services out there in the field. And your evidence is a lot different from what we are being told by this administration that wants to revert to local control.

I suggest that the motive really is what Mrs. Chisholm pointed out, the future consolidation of this program. Once it can be melted into a function or it can be melted into a block grant and it loses its visibility in the American public's mind, you can kiss it goodbye. [Applause.]

I think that one of the very important things is that that not be allowed to happen.

I would like to extend, I hope on a very candid basis, to project directors around the country to submit to this committee their written testimony as to what they think the impacts are of these regulatory changes and the cuts that have taken place in other programs that have provided services to Project Head Start, enabling it to meet its mandate, apparently successfully, that Congress gave it some years ago. I would hope that you would get that message out. Because I dare say that the picture that has been presented to this committee by people concerned is not the one that is presented by people who sit here in Washington and claim they have some informal discussions with somebody who told them it would all work out. [Applause.]

We cannot operate on that basis. I suspect for the administration to continue to do that is just to continue living a lie, because that is not exactly what is going on out there.

I really appreciate you taking your time and waiting this long to testify. I think you will find out that the Congress has a different mind about Head Start than this administration does. [Applause.]

Mr. ANDREWS. Thank you, George.

The room number of our subcommittee staff is 2178, Rayburn House Office Building. We would very much appreciate hearing from you. Don't call; write.

Mr. MILLER. What made me think of that, Mr. Chairman, is Mr. Choate here. He was acting like the President. He happened to have a letter here that he pulled out of his pocket. I thought: My God, that man is going to run for President pretty soon.

Mr. ANDREWS. All right. Again, we thank you very much for doing an excellent job as representatives of project directors all over the country.

We next have Marian Wright Edelman, president of the Children's Defense Fund of Washington. Is she here?

Come around, if you please. I was just about to skip you. I am trying to get adjusted to these new bifocal glasses, and when I go up and down I don't always catch the right place on the page.

[Prepared statement of Marian Wright Edelman follows:]

PREPARED STATEMENT OF MARIAN WRIGHT EDELMAN, PRESIDENT, CHILDREN'S DEFENSE FUND, WASHINGTON, D.C.

Mr. Chairman, members of the Subcommittee, the Children's Defense Fund is a national public charity created to provide a long-range and systematic voice on behalf of the nation's children. CDF is organized into four program areas: education, child health and mental health, child welfare, and child care and family support services. We address these issues through research, public education, monitoring of federal and state administrative and legislative policies and practices, network building, technical assistance to national, state, and local groups, litigation, community organizing, and formation of specific issues coalitions. We appreciate this opportunity to testify on the Department of Health and Human Services' Strategy Paper, Head Start: Directions for the Next Three Years, prepared by the Administration on Children, Youth and Families.

We find it disconcerting to be addressing this issue at this point in Head Start's history. CDF and other child advocates across the country applauded President Reagan's inclusion of Head Start in the "safety net" for in doing so he recognized its success as a comprehensive and effective child development program. In the President's own words:

> As you know, we have carefully reviewed the national programs which benefit our nation's children in an effort to improve the delivery of social services. This review has reaffirmed our belief that the Head Start program has worked and should receive additional Federal support. I assure you that Head Start remains a high priority in this Administration and has my strong support.[1]

1. Letter to Head Start Training Conference, May 1981.

We are deeply concerned that the Administration is now proposing to overturn the very core of the program's regulations which have contributed in a critical way to Head Start's success. CDF's position on Head Start is simple and emphatic. "If it isn't broken, don't fix it." For the past 16 years, members of the Head Start community--parents, community leaders and organizations, child development experts, academicians, and others--have testified before this and other committees in the Congress on Head Start's effectiveness. We all know that Head Start works:

Head Start improves children's health.

- Head Start improves children's nutrition and reduces the prevalence of anemia.
- By the end of 1979-80, 80 percent of all Head Start children had completed all required medical screenings. Twenty-five percent of the children screened required medical treatment and 89 percent of them received necessary treatment.
- By the end of 1979-80, 70 percent of all Head Start children had received dental examinations. Forty-five percent needed treatment. Ninety percent of them received the necessary dental treatment.
- By the end of 1979-80, 72 percent of all Head Start children received all required immunizations for DPT, polio, measles, rubella, and mumps. The immunization rate for Head Start children is 20 percent higher than the national average for poor children.

Head Start gives children a better chance in school.

- A follow-up of 820 Head Start children showed gains in school performance lasting as long as 13 years.
- Children who have participated in Head Start and other preschool intervention programs are less likely to require expensive, special education and are more likely to be in the correct grade level for their age.

- On fourth-grade standardized tests, children who have been in Head Start or preschool scored significantly higher in mathematics achievement than those in the control group and tended to score higher in reading as well.

- Head Start's benefits outweigh its costs by 235 percent; the benefits include increased projected lifetime earnings for Head Start children and the absence of the high costs of special educational services often associated with non-Head Start children.

Head Start involves parents in their children's education and development.

- For every 15 children enrolled in Head Start, 10 parents provide volunteer services to the program.

- Head Start parents involve their children more in household tasks, read to their children more, and show more interest in their children's reading and writing skills than non-Head Start parents.

- In a survey of Head Start graduates' parents, 82 percent reported going to their children's elementary school to meet and talk with their child's teacher.

Head Start increases the self-sufficiency of parents.

- Some 12,000 Head Start parents have received college training for credit through the Head Start program. Over 1,000 Head Start parents have A.A. or B.A. degrees.

- One-third of the trainees for the Child Development Associate degree (child care certificate) are parents of current or former Head Start children.

- One-third of all Head Start staff are parents of current or former Head Start students.

CDF firmly believes that the quality of Head Start has in large part resulted from its Comprehensive Performance Standards including health, social services, education and parent involvement components. Contemplated changes in these standards are profoundly alarming. When the Standards were promulgated and

signed in 1975 by then Secretary of HEW, Casper Weinberger the Department noted:

> The performance standards reflect more than seven years experience with prior requirements and field testing during FY 1973-74. They pertain to the methods and processes by which Head Start programs meet the needs of children... We have laid out criteria that have been field tested, revised and have been used by the programs for many years. We therefore believe they are reasonable and attainable.
>
> (40 F.R. 27562, June 30, 1975)

Three years later when Head Start was reauthorized, the House Conference Report accompanying the House bill which was eventually enacted as the 1978 amendments to the Economic Opportunity Act of 1964, the conferees noted that:

> ...Head Start performance standards have contributed to making Head Start a unique program providing quality child development services to young children and their families. Head Start should be governed by nationally applicable quality standards uniquely designed for the special needs of local Head Start grantees and not by rules applicable to other programs. Any changes in the standards governing Head Start shall maintain these characteristics in order to insure that the unique national high quality nature of the Head Start program be continued.
>
> (H. Cong. Rpt. No. 95-1766, October 11, 1978)

The Head Start performance standards are not onerous and burdensome on those who are most directly affected. It is ironic and inappropriate to argue for change in Head Start's performance standards while the Head Start community itself welcomes and clearly supports these standards. Congress has heard from them on this issue before.

Last year during the Senate's oversight hearings on Head Start, Marilyn Thomas, a Head Start director in Ohio, when questioned about the importance of the performance standards stated, "By indicating very specifically what the founders of Head Start wanted to happen in that program, there are not a lot of questions about what you should be doing. You should have a classroom environment that has such-and-such kind of equipment. They tell you right in the performance standards. You must provide certain kinds of health examinations. They tell you exactly. They are lengthy and detailed, but they give you a very accurate picture of what the government expects." Asked by Senator Denton if he agreed with Mrs. Thomas, Claude Patterson, a Head Start director in Missouri replied:

> As you know, occasionally anyone will chafe under such a load. But then we back off and say, it is that kind of protection that assures the child and family with whom we work will be served the way they are supposed to be served. And beyond the 162 performance standards, there is quite a bit of room for flexibility at the local level for us to do what we are proud of doing, and that is to go beyond those 162 standards. And it is that extra measure that we call quality.

More recently the National Head Start Association reinforced its support of the performance standards in its comments on the Strategy Paper stressing that the scope and depth of each component should not be changed in any substantive manner and that the performance standards help assure parents and concerned communities that children receive the services they need.

Given this unanimous and varied support of the current performance standards we can only conclude that any so called "streamlining" or lessening of the performance standards would undercut the quality of Head Start and violate the provision of the Head Start statute which states that any revisions in the standards shall result in standards "no less comprehensive" than those in effect on November 2, 1978.

Other proposals to tamper with Head Start including the dismantling of a national credentialing system for Head Start staff, a lessening of support for technical assistance, training, monitoring and evaluation, the elimination of funding for full day programs, and parent and child centers, and a move to shift more responsibility to political appointees from experienced program staff who have nurtured the program are not only also distressing but short-sighted.

Head Start in the 1980s Review and Recommendations, a major study chaired by Dr. Edward Zigler, who directed Head Start under President Nixon, concluded that in order for the program to maintain its high quality, additional dollars had to be invested in Head Start. Even if Head Start were at the full $950 million level, programs would have to contend with insufficient resources. Funding constraints over the past several years have not only limited Head Start programs ability to serve eligible children, they have also begun to affect their quality. To cut costs, grantees have had to reduce both the number of hours of service per day and the number of weeks per year that programs stay open.

Teachers receive extremely low salaries (averaging approximately $7,500 per year). Classroom size has increased, staff-child ratios have decreased, and high transportation costs have excluded many isolated rural families from the program.

The Administration's funding cuts in a range of programs have punched further holes in this "safety net" program which threaten to undermine the quantity and quality of Head Start's services. This year Head Start programs precisely because they have coordinated so well with other programs at the local level as the Administration recommends will suffer from a range of funding cutbacks including:

- The loss of 6,000 workers (or $26.9 million) because of the elimination of the Public Service Employment component of the Comprehensive Employment and Training Act (CETA). These workers serve about 50,000 children.
- The loss of almost $20 million from the United States Department of Agriculture's Child Care Food Program.
- The loss of approximately $12.1 million from Title XX social services (now the Social Services Block Grant).
- The effects of massive cuts in AFDC, Medicaid, food stamps, and low income energy assistance on the children and families served by Head Start.

Tinkering with the program at this point in time not only represents a bizarre substitute for inadequate funds but also undermines the unique quality of Head Start. In addition to providing additional resources, the Department of Health and Human Services must simultaneously make a commitment to monitoring and working with programs to help them achieve their full potential. We urge this Subcommittee to support Head Start by providing the full authorized level of $1.007 billion in FY 1983 and send a clear and explicit signal to the Administration from the Congress to cease its counter-productive efforts to revamp the program. We repeat.... It works, don't fix it.

STATEMENT OF BARBARA A. BUSH, STAFF ATTORNEY, CHILDREN'S DEFENSE FUND, WASHINGTON, D.C., ON BEHALF OF MARIAN WRIGHT EDELMAN, PRESIDENT, CHILDREN'S DEFENSE FUND, WASHINGTON, D.C.

Ms. BUSH. Unfortunately, Mr. Chairman, Ms. Edelman was here but had to leave for another engagement. But she was present when Congresswoman Chisholm gave her testimony. She did want me to tell this subcommittee that the Children's Defense Fund would reiterate the very concerns that Congresswoman Chisholm expressed.

She also felt that the concerns expressed by the local Head Start people that you just heard were concerns that the Children's Defense Fund would also support and reiterate.

The Children's Defense Fund has already submitted its testimony for this subcommittee's record. But I think if I were to summarize very briefly what the Children's Defense Fund position is on the changes being proposed, it would be a simple and emphatic, "If it isn't broken, don't fix it." And we say that the Head Start program is not broken, as its own record reflects.

Mr. ANDREWS. Very good.

Ms. BUSH. Thank you. [Applause.]

Mr. ANDREWS. Next is the Special Projects Panel, Ms. J. Morrissette-Ndulula and Ms. Yvonne Bushyhead. Come around, if you will.

What is the name of the town in Oklahoma?

Ms. BUSHYHEAD. Tahlequah.

Mr. ANDREWS. Very good.

Are you originally from North Carolina?

Ms. BUSHYHEAD. Yes; Cherokee.

Mr. ANDREWS. Someone told me you were. There is some beautiful country up there. So is it beautiful in Oklahoma. I guess we lost you, but you didn't lose.

We welcome your statements.

[Prepared statement of J. Morrissette-Ndulula follows:]

PREPARED STATEMENT OF J. MORRISSETTE-NDULULA, EXECUTIVE DIRECTOR, PHILADELPHIA PARENT-CHILD CENTER, PHILADELPHIA, PA.

On behalf of the 37 Parent and Child Centers (PCC's) that are currently operating, I wish to thank the Subcommittee on Human Resources for giving me this opportunity to present our testimony in response to the draft of the Head Start strategy paper, "Head Start: Directions for the Next Three Years."

Many of us might feel that some changes in Head Start would be beneficial. However, Head Start, as it is now designed, works well; and it would not be wise to tinker with its various components, since a change in one part might affect the effectiveness of the whole. We urge that any changes that are undertaken in the future be done only after thorough, in-depth, and extensive evaluations are made of all of its components.

Since, however, this testimony is to be representative of the 37 Parent and Child Centers, it will be confined to our mutual concern about the future of PCC's. The strategy paper proposes under "Reallocation of Head Start Resources" the "Conversion of Parent and Child Centers (PCC's) to Regular Head Start Programs." We strongly urge and request that the Parent and Child Centers component of Head Start remain unchanged. Evidence to support our appeal is extensive and will be projected in this statement only partially, as follows: need, theoretical and experimental support, and cost. Additional documentation and supportive material is included at the end under the appendix section.

Need

The Parent and Child Center Program began nationwide in 1967 to serve children ages 0-3 because a task force created by President Johnson had determined that in many instances to delay intervention until the age of three would be too late. The program began as a "demonstration project," but became "operational" in 1975 because it was determined by this time that the success of the program supported the findings of the task force. Further, Head Start for the 80's, a report published in January of 1981, recommended that the regular Head Start Program for three, four and five year olds expand to include children from their prenatal state to age 36 months.

A large percentage of the parent/child population served by PCC's is highly at risk medically, socially, educationally, and financially. And in many of our programs, rural and urban alike, isolation, lack of models, lack of information about normal child development, lack of services, the high incidence of incest, the high incidence of child and sexual abuse, and domestic violence create barriers in parents which hold them back from providing their children with the foundations necessary for their child's later healthy development.

We believe, and are supported by researchers in the field of early childhood development, that the "0-3" period is the most critical time for laying the ground work

for future social and intellectual proficiency. It is very clear that given the precariousness of some of their home situations, some of our "0-3" population would not live to be part of our three to school age program without some form of early intervention. Those who did manage to survive would very likely display a wide range of deficiencies, including mental retardation, learning disabilities, nutritional deficiencies and the like. The cost of attempting to correct these deficiencies through special education and other forms of intervention would be much greater than the cost of a preventive program begun in the early years.

PCC's affect more than the children and the parents involved. They benefit the total family of the child, neighbors and friends of the family, and, as a result, impact on the total community.

Theoretical and Experimental Support

As ACYF's Head Start/Directions draft paper points out, there is no doubt about the effectiveness of preschool programs. Reliable researchers such as Zigler (Early Childhood Intervention Programs: A Reanalysis, 1980) and Lazar (Intervention is Effective, 1980) have amply documented the ability of early education programs to increase "disadvantaged" children's abilities in all areas to levels at least equal to those of "advantaged" children. It has

95-358 O—82——9

also been shown that these gains can be maintained through the elementary years--for example, by Gray (Family-Oriented Home Visiting Program: A Longitudinal Program) and Lazar (The Persistence of Preschool Effects: A Long-Term Follow-Up of 14 Infant and Preschool Experiments). Additionally, in the most recent longitudinal Head Start study compiled by Irving Lazar in October, 1978, both the Parent and Child Centers and the Child and Family Resource Programs were cited for their outstanding effectiveness with parents and young children. Also, the General Accounting Office, in the same year, cited that the approaches utilized by PCC's and CFRP's had been effective in meeting the multiple needs of families and children enrolled in the program and recommended to the Congress and the Department of Health and Human Services that the programs be expanded.

The draft paper suggests that in order to provide for a larger number of children the Parent and Child Centers should be eliminated and the money used to provide more slots in Head Start programs for four year olds. The authors of the draft seem to have overlooked or forgotten the lessons learned about program effectiveness during Head Start's early years. The original programs, conducted during the summer for four year olds, were generally not very successful in promoting any long-term (or even short-term) gains. It was soon realized that programs needed to be extended in length and that children had to be enrolled

at an earlier age.

A number of studies have indicated that the earlier a child is involved in a preschool program the more successful he is in school. Palmer (1976) found that fifth grade children who had been enrolled in an early intervention program when they were 24 months old had significantly better reading abilities than did children who had not enrolled in the program until they were 36 months old. Indeed, Heber and Garber (1972) stress that prevention of learning problems requires "increasing emphasis on early detection and intervention." Their program, which focused on mothers during pregnancy and during the early development of their children, demonstrated long-lasting increases in children's learning ability, language development, and IQ.

A very comprehensive study (Vopava, 1978) of early intervention programs which had proven to be successful identified five characteristics as being the most significant indicators of program effectiveness. These were: child's age at the beginning of intervention (the younger the child, the more effective the intervention), adult/child ratios, goals for parents, home visits, and parent involvement. The investigators concluded that "the most effective programs were those where one intervenor worked with an infant or toddler and his/her parent in the home" (emphasis added). This approach is implemented in most of our PCC's as an adjunct to the center-based program.

The National Center for Clinical Infant Programs strongly supports the argument for the continuation of PCC's in its statement entitled, "Reasons for Head Start's Continued or Expanded Focus on the Education of Parents of Infants." The following is an excerpt from that paper:

The First Three Years: Programs which have Worked

Looking now at programs which have intervened with high risk families after birth, the results of such intervention, when compared to those with randomly selected control groups of children with whom there is no intervention, are startlingly positive and have broad implications for prevention. Though undoubtedly many programs have been effective, many have not been quantitatively evaluated. However, some of the better known, carefully measured program results are:

1) The Parent Education Program developed by Ira Gordon in Northern Florida involving home visits and high parental involvement showed its "graduates," by ages 8-11, to be only 1/3 as likely to be in special education programs (Lazar et al, 1977).

2) The Yale Child Study Center Welfare Research Program, led by Sally Provence used a service-centered model for parent support and education. Evaluators found five years later that the children in the program had higher IQ scores and verbal ability test scores, higher school attendance, higher performance on achievement tests. Their parents as a group were more upwardly mobile and had more years of education than the control groups with which they were compared. (Trickett et al, in Zigler and Gordon, 1982).

3) The Syracuse follow-up study of its Family Enrichment Program found that its "graduates" were, as kindergarteners, "more involved, relaxed, dominant, energetic, socially independent, purposeful, affectionate to others, flexible, less submissive to adults and other children, less dependent on adults and other children, more affectionate toward adults and other children" than were their matched control (Honig, Lally and Mathieson; 1978).

As various kinds of models of parent education have been tested over the years, it becomes clear that ones which focus on giving support to the mother, not just extra stimulation to the infant, have had more lasting results. (Bromwich, 1977). For example:

4) The Models of Newborn Nursing Intervention projects led by Kathryn Barnard found that a model which focused on supporting the mother in the first three months (the NPACE model) showed superior development of the infant from 3 to 10 months (Barnard, 1981).

5) The Parent Child Development Projects (PCDC's) sponsored by ACYF as a carefully controlled study of parent support and education programs for mothers of infants found, after five years, that there were positive gains for mothers and their children in maternal attitudes, mother-child interactions, social-emotional development for mothers and children, and cognitive/language development in children (HEW 105-78-1302).

6) Evaluations of ACYF's model Child and Family REsource Programs (CFRP's), a model of parent support which emphasizes linkages to other social health and education services for families, found that the quality of the home environment after two years involvement, using gross measures such as physical environment, encouragement of learning, amount of health care, nutrition, and quality of adult-child interaction, had improved almost half again (HRD 79-40).

In addition to the research and evaluation cited above by the National Center, studies have been done by other researchers. One of the most highly respected researchers is Burton L. White, M.D., Director of the Harvard Pre-School Project. In his book, The First Three Years of Life, Dr. White states: ". . . to begin to look at a child's educational development when he is two years of age is already much too late, particularly in the areas

of social skills and attitudes" (emphasis added).

Dr. White is referring to improving relationships between parents and children who are considered "normal." Support and intervention is even more critical with the PCC population of parents. The investment in the future is clear. If programs such as this are cut without significant discussion and understanding of why they exist, we are concerned that our common sense, the research and the obvious prevention benefits of the program will be thrown out with the bath water. It could be that the decision makers decide to cut out a whole class of people whose children have little chance to develop the skills necessary to cope with an increasingly complex life.

Cost

We can appreciate problems due to budgetary constraints. Inflation has made the operation of all of our programs more difficult. As you consider discontinuing PCC's, the issue becomes whether the cost benefits derived from the conversion of PCC's to Head Start Programs will outweigh the detrimental effect of the loss of such vital services to our children, families, and communities.

There is the need for long range financial planning on the part of ACYF to avoid the danger of short-sighted

savings. We hope that ACYF will avoid being "penny-wise and pound foolish." The cost of prevention is much less than the cost of remediation. Each dollar spent on preventing deficits in young children will save much larger sums which would need to be spent later in the child's life on special education and juvenile offender programs.

The cost of all the Parent and Child Center programs is approximately $11 million, while the total Head Start budget is $820 million. The PCC portion is equal to only about one percent of the total budget.

Since there is general agreement that the earlier intervention begins with children the greater the long-lasting returns, this means that the dollars would be better spent earlier. To discontinue PCC with the hope of saving money is certainly not a cost-saving measure. It means that we will save money next year, but we would be borrowing from the future. To expand and operate an effective PCC program will mean that Head Start's job would be easier and money would be saved in the future. But to delay the beginning of our efforts until the child reaches the Head Start age only means that Head Start's future problems will be much greater and much more costly. The proposed conversion of PCC's will have detrimental results which will not be seen immediately but which will emerge after the current ACYF policy makers have moved on to other positions and will no longer have to take

Although we agree with the draft Head Start paper that the Head Start Program is "A Program that Works," we cannot justify the total sacrifice of Parent and Child Centers to expand Head Start. Funds should be realistically sought to expand both Head Start and PCC, and other worthwhile programs such as the Child and Family Resource Programs.

Since parent involvement is mandatory in PCC's, cost should be computed on the basis of cost per family member participating, or cost per family (average family size, 3.5 persons) as opposed to cost per child.

In the face of such overwhelming evidence of the effectiveness of Parent and Child Centers in making a real difference in the lives of children and the saving by society of the cost of remedial programs in later years, we urge you to continue to fund the existing 37 PCC's and look toward a future when these programs can be expanded.

APPENDIX

PARENT CHILD CENTER
NORTH EAST KINGDOM, VERMONT
FAMILY CASE HISTORY

#1 FAMILY SITUATION:

Mother and Father and six children. Mother isolated, no peers. Children hooked outside with clothes lines. Rabbits lived inside house, rabbit feces inside bathtub. House covered with human feces and other debris. The State removed two of the children from the home. Only one worker was allowed to go into the home at a time. Children were developmentally delayed.

ACTIONS TAKEN:

A worker visited the home once a week. Mother brought four of the children to the canter two mornings a week. Mother was enrolled in parenting classes two mornings a week. The children were worked with individually on their developmental delays. Encouraged Mother to bring the children to the Child Health Clinic and to use other agencies.

RESULTS:

Mother began cleaning house by herself. Devaloped her own values, gained self-estaem and understanding of child development. Mother and Father added on to the house and improved tha living conditions. Mother eventually allowed a lady from another program in tha home to visit. One child graduatad from high school, one child was on the honor role during high school years, one of the two children removed from the home by the State was returned home.

PARENT CHILD CENTER
NORTH EAST KINGDOM, VERMONT
FAMILY CASE HISTORY

#2 FAMILY SITUATION:

Retarded Mother, Father and one child. Found living in abandoned house where child was born without benefit of any medical intervention. Child hospitalized for three months due to poor health care. Father had poor work record, unable to find job. Family disappeared and were found three years later after reports of child being tied up outside in all kinds of weather came to our attention.

ACTION TAKEN:

Family started to come into center after initial disappearance. Found job for Father which he kept until his death. (He died of carbon monoxide poisoning when his truck was stranded in a severe snow storm). Worked with Mother on homemaking skills and parenting skills. The child received immunizations and health care.

RESULTS:

Mother received all the necessary support systems which enabled her to become a responsible parent. Relative relocated Mother and child to Burlington where she has since remarried and has two more children.

PARENT CHILD CENTER
NORTH EAST KINGDOM, VERMONT
FAMILY CASE HISTORY

#3 FAMILY SITUATION:

Mother, Father, two young children. Additional four children within four years. Mother would not communicate with anyone. No radio, TV, silence in the home all the time.

ACTIONS TAKEN:

Finally got family to participate in center two days a week. Educated parents on parenting skills, child development skills, and family planning. Encouraged Mother to talk with staff, then parents and children. Worked with children individually on child development.

RESULTS:

Mother able to communicate with children, talked to staff about her feelings and what was going on in home. Mother participated in Policy Council representing her center. Children were brought up to age appropriate level in development.

#4 FAMILY SITUATION:

Mother, Father, six children (oldest 6 years). Mother would not allow anyone in the house. Talked to worker from behind closed door. Youngest child (1½ yrs.) did not speak. Children did not attend school because of lack of transportation. House was in poor condition. Could see right through the floor boards. Only mattresses on the floor. Mother had severe dental problems.

ACTIONS TAKEN:

Brought family into center. Found bedding and clothing for family. Went to legal aide about transportation problem for school age children. Taught parenting skills to Mother and Father. From role modeling family learned about child development.

RESULTS:

Mother allowed workers into home. Legal aide got the children transported to school. Family started fixing up house. Mother started going to dentist on her own. Children were brought up to age appropriate developmental level.

PARENT CHILD CENTER
NORTH EAST KINGDOM, VERMONT
FAMILY CASE HISTORY

#5 FAMILY SITUATION:

SRS referral, Mother, Father, three toddlers and elderly lady. Family found living in chicken coop that was not clean. Incubator/ Brooder was their source of heat along with an open sink on the floor used to burn wood in. A hole in the ceiling for ventilation. The children had lost skin from frost bite and had never received any immunizations. Father was an alcoholic.

ACTIONS TAKEN:

Brought family into center two days a week. Housing was found for family. All support services were use for food, clothing and housing. Mother learned parenting skills. Children were given a chance to socialize with other children in classroom based programs. Staff support for Mother when Father left the home.

RESULTS:

Mother became reaponsible parent without support of Father. All immunizations were given to children.

#6 FAMILY SITUATION:

Mother (pregnant) and three year old child. House in filthy condition. Mother also an alcoholic and depressed.

ACTION TAKEN:

Exterminator was called in to rid house of rodents and bugs. Three staff members went into home and cleaned house thoroughly. Mother Mother and children came into center two mornings a week. Child could not come in until treated for head lice. When condition was corrected child came to center. Contacted Alcoholics Anonymous for Mother. Taught Mother parenting skills, nutrition, child development and health education.

RESULTS:

Mother's condition improved while attending center. Drinking increased during summer months when center was closed. Home visits once a week were very important to family.

The Philadelphia Parent Child Center, Inc.

The Philadelphia Parent Child Center is one of a network of 37 Parent Child Centers which have been in operation since 1968. The Philadelphia PCC is located in a heavily populated section of North Philadelphia where most of the families have incomes below the poverty level. The programs which the Center offers are directed toward helping families provide a favorable supportive environment which will improve their children's opportunity for intellectual and social growth. The PCC portion of the Center operates three basic programs: a prenatal maternity education program, a home-based infant stimulation program, and a nursery school for toddlers.

Program Descriptions

The Maternity Care Program is designed to serve 15 expectant parents. The participants take part in classes and activities whose focus is maintaining maternal physical and emotional health and laying sound foundations for the health and well-being of their babies.

Since 15 percent of the babies born in North Philadelphia each year are low birth weight babies who are at risk for experiencing health problems, developmental delays and mental retardation, the Maternity Care Program emphasizes good maternal nutrition and health care. During the last

program year, 30 participants were served by the Maternity Care Program--twice the number PPCC is funded to serve.

The Home Visitor Program emphasizes infant stimulation activities for children one to 18 months old. Teachers visit children in their homes each week. Time is devoted both to working with the child directly and to educating the mother in infant care and infant stimulation techniques. Parents and children also attend a weekly center-based group session. For a part of this session, parents and children share in activities. For the remainder of the session, parents participate in workshops involving child development, budgeting, nutrition, effective parenting, and employment counselling.

During the course of a year, approximately 100 families participate in this program.

The Learning Center serves 40 children between 18 months and 3 years of age. The teaching staff places a strong emphasis on the development of expressive and receptive language skills through first-hand sensory-motor experiences. Parents participate in the classrooms as volunteers and observe teachers model techniques for helping toddlers learn.

Supportive Services

PPCC recognizes that the healthy, continuous growth of children is dependent, in part, upon a favorable physical

and social environment. The Center's social service staff offers help to families in solving problems related to such areas as health, housing, education, and employment.

Great emphasis is placed on helping parents continue their educations and participate in job training programs. The Center has itself sponsored two job training programs for parents. In one program, which is conducted yearly, parents complete a course designed to prepare them to work in early childhood settings. While some of those who successfully complete the course are employed by PCC, 25 percent have obtained jobs outside the PCC program.

Parent Involvement

Parents are involved in planning and carrying out all of the activities of the center. Besides providing large amounts of volunteer time in the classroom, they help in fund raising, lead workshops for other parents, and assist in policy-making and operation of the center.

This experience in parent involvement encourages parents to continue to take responsibility for their own and their children's development after they leave PPCC. Parents become reluctant to continue to be dependent on the welfare system. They actively seek, find, and maintain employment (when it is available) and they support their children's progress through the school years.

Other PPCC Programs

The Parent Child Center program is the core of a number of other programs which are operated by PPCC. The funding for these programs was attracted because of PPCC's demonstrated expertise and excellence in the area of early childhood and parent education.

The largest program operated by PCC is a family day care program which serves 200 children under the age of three. This program is funded by the state of Pennsylvania, the city of Philadelphia, and parent fees. Ninety percent of the parents of children enrolled in this program work, the rest are enrolled in school or in training programs. A large number are low-income, single parents who are able to continue to work only because they are assured of quality, reliable day care for their children.

PPCC also operates a Head Start program for 150 children. This Head Start program assures continuity of education and support for the Parent Child Center families who need such support.

This year the Parent Child Center received a grant from a private foundation which increased the size of PPCC's Social Services Emergency Fund. This fund is designed to provide families in the North Philadelphia area with assistance in obtaining emergency food, shelter, clothing, and heating. The fund also helps subsidize families' payments for family day care.

PPCC Program Summary

	Number of employees	Former Parents	Families Served	Funding Level
Parent Child Center	16	10	145	$409,000
Other Programs				
- Family Day Care	57	1	200	675,000
- Head Start	30	12	150	456,000
- Social Service Emergency Fund	--	--	50	6,000
Total for Other Programs	87	13	400	$1,137,000

The Philadelphia Parent Child Center is not only a program which provides comprehensive development services for families with children under three years of age, but it is also a "core" program which has attracted funding for other programs which serve families. The Parent Child Center, with a staff of 16 and funding of $409,000, has attracted additional funding of $1,137,000 during 1981-82 for programs which employ 87 people (15% of whom are former PPCC parents) and which serve 400 families in addition to the 145 served by PCC.

358 O—82——10

PHILADELPHIA PARENT CHILD CENTER, INC.
2515 GERMANTOWN AVENUE
PHILADELPHIA, PENNSYLVANIA 19133

CASE HISTORIES

The following brief histories are examples of the kinds of support that PCC has provided to families:

Case #1

A 19 year old single parent with two children enrolled her daughter in PCC's toddler program. The woman's parents had died when she was very young; she had been diagnosed as being mentally retarded and had lived with one relative after another. These relatives often took whatever income she received and forced her to cook, clean and do other work around the house in order to continue living with them. After the birth of her second child she decided to move out and live on her own. She rented a room in a house which a home visitor discovered had been condemned. There was no heat, no electricity, and no running water.

The family assistant helped the parent find housing through the Philadelphia Housing Authority. A local charity was also contacted and provided money for furniture. They also sent someone to paint the apartment. Other PCC parents contributed furniture, as well. The infant had a medical problem and was not receiving regular treatment. Social service staff made arrangements for the child to be treated and worked with the mother until she could be depended upon to keep appointments and administer prescribed medication.

After a few months in the program, the woman participated in sessions conducted by the center which were designed to train substitute teacher aides to work in Head Start classrooms. After successfully completing the course, she received part-time employment as a substitute in an early childhood program.

Case #2

A woman, a four year old son and an infant enrolled in the Home Visitor program. The Home Visitor discovered that the mother was living in the basement of a small apartment house. The basement was partitioned into sections by hanging blankets and was also home to two of the children's uncles. The four year old slept on a chair in the trash collection room.

The PCC social worker arranged emergency housing through a local housing project tenant council. Catholic Charities provided baby furniture and another PPCC parent donated a bed. When the four year old was enrolled in a Head Start program, he told his teacher, "I moved. I have my own room and I sleep good!"

The mother had training as a sewing machine operator and has been helped to apply for a job. When she begins work, she will be able to enroll her infant in PCC's family day care program.

Case #3

A grandmother was caring for a child whom the mother had abandoned. She lived in an apartment which was badly in need of repairs. The City Department of Licensing and Inspections had inspected the apartment and reported numerous violations. The landlord would not make the needed repairs which included: a defective gas stove, an electrical shortage, and a broken entrance and cellar door. Because these doors were broken, someone was able to enter the basement and remove the copper plumbing so that the apartment was without water.

The Neighborhood Action Bureau was contacted and replaced the missing pipes. Community Legal Services and Urban League worked together to force the landlord to make repairs. The gas company was contacted to repair the gas stove. All of these results took months to achieve and were accomplished only because of many telephone calls and visits by PCC's social worker to the various agencies.

The child was enrolled in the toddler program so that he could interact with other children. The grandmother has become involved in center activities and now feels less isolated.

HEAD START/PARENT CHILD CENTER



...where the parent is

the prime educator...

LOCATED AT:

3025 PARKER ST.

PARENT CHILD CENTER
Omaha, Nebraska 68111

PURPOSE OF THE PROGRAM

The Parent/Child Centers are established to provide comprehensive services for families who have children 6 wks. to 3yrs. of age for the purpose of helping families to function independently and effectively and for their children to develop to their fullest potential.

BACKGROUND

The Omaha Parent/Child Center has been available from the Dept. of Health, Education and Welfare through the office of Child Development. As a Delegate Agency, the PCC was locally sponsored by the Greater Omaha Community Action, (GOCA) until June, 1973. From that time until June, 1974, local sponsorship was with the Univ. of Neb. Medical Center as the Grantee agency. PCC is presently being sponsored by the Head Start Child Development Corporation. There are 33 such centers across the United States with the National Office in Washington, D.C.

PROGRAM COVERAGE

A number of services are available at Parent/Child Center.

*Transportation to and from the Center for participation.
*Food service on site
*Home development classes in sewing, knitting, ceramics, arts and crafts, budgeting, home management, etc.
*Transportation provided for necessary services, (i.e. appointments, emergency situations, etc.)
*Specifically planned classes for pranatal parents and children: 6wks. to 3 yrs. of age.

ELIGIBILITY

In order to receive services, the following guidelines must be followed:

1. A family must have a child between the ages of 6wks-3yrs of age or the mother pregnant.
2. A family should come under the socio-economic income guideline.
3. One of the parents or guardian must be available to attend sessions with the child or children.

OPTIONS

The Parent/Child Center's classrooms are broken up into 4 options:

INFANT OPTION: 6wks.-1yr. old. In this option the teacher works with the child in areas of: stimulation, eye-hand coordination, etc. Parents have a choice of one (1) day a week in the Center from the hrs. of 10am-2pm.

TODDLER OPTION: 12 mos. - 18 mos. This option is a continuence of teaching the child eye-hand coord., problem-solving, (puzzles) and exploring their environment, (i.e. field trips such as the zoo and visiting the shopping malls) Parent and child are in the Center two (2) days per week, TUESDAY & THURSDAY from 10am-2pm.

PRESCHOOL OPTION: 2 - 3 yr. olds.

In this classroom the child learns textures of food, shapes and forms, develop their listening skills & explore their environment. The parent and child are in the Center MONDAY, WEDNESDAY & FRIDAY from the hours of 10am-2pm.

SIBLING OPTION:

This classroom is for brothers & sisters of child/children enrolled in the other three options, in which the teacher develops their prereading & number skills. The classroom is open MONDAY thru FRIDAY from 10am-2pm.

****

For further information:

Arnetta Corley,

Social Service Coordinator

444-5946

Or

444-5915

****

DEPARTMENT OF HUMAN SERVICES
GARFIELD PARENT CHILD CENTER
Chicago, Illinois
FACTS

Doris Fields,
Project Director
June, 1981

I. BACKGROUND

The idea of Parent Child Centers was conceived as a result of two (2) Task Forces convened in 1966. One at the request of the Secretary for D.H.E.W., and one at the request of the President. The President, in February, 1967, addressed Congress on the subject of children and youth, and requested the development of a number of comprehensive service programs for economically disadvantaged families with children 0-3 years of age to be called Parent and Child Centers. The Parent-Child Centers came about as a result of increasing evidence that the pre-natal period and infancy are crucial influences on a child's subsequent development. It was further concluded that if poverty stricken children are to develop to their fullest potential, service techniques, processes and systems must be developed to serve as preventive measures against the development of health, intellectual, social and emotional deficits in these children.

Consequently, the Chicago Parent Child Center began its program in 1968 with a funded enrollment of 100 children. The Parent Child Center program was funded by the Department of Health Education and Welfare Office of Child Development. The Chicago Parent Child Center was one of thirty-three (33) Parent Child Centers which serve the nation. It was an earlier intervention demonstrational effort of project Head Start.

From 1968 - 1973, the Parent Child Center operated a program for children 0-3 years and their parents. In 1973 the Chicago Parent Child Center combined the Parent Child Center concept (0-3) with a Head Start program (3-5) for 22 children. Currently the program serves 100 children 0-3 years and 96 Head Start children 3-5 years and 60 children 3-5 years in the Home Based Program.

The Garfield Parent Child Center continues to operate as a funded program under the Federal Government's Administration for children, youth and families, Department of Health and Human Services. The City of Chicago's Department of Human Services, Children and Youth Services Division serves as grantee for the program. The City of Chicago has also expanded its Parent Child Center program to include four (4) additional sites located in various communities throughout the city.

II. OBJECTIVES AND PRIORITIES

Parent and Child Centers has as their primary objectives:

1. Improving the overall developmental progress of the child, emphasizing the prevention of deficits in the child's health, intellectual, social and emotional development.

2. increasing the parents' knowledge of their own children's development, as well as assisting them to be more effective parents and teachers of their children;

3. strengthening the family unit and functioning, and,

4. creating in parents an increased awareness of their community.

EDUCATION

The Education Program provides group and individual intellectual stimulation, emotional security, nutritious meals and physical health care to the children enrolled. Priority for entrance into the program is given to children and parents who are on Aid to Dependent Children and with physically handicapping conditions. The program provides activities that are geared to the needs and capacity of each child. Pleasant surroundings, varied educational toys, books, music, language stimulation and appropriate group activities are scheduled daily. Through this program children are permitted to explore and develop their skills and abilities as well as develop a positive attitude about themselves and their ability to achieve.

III. PARENT EDUCATION

Parents who enroll in the Parent Child Center program must have one or more children under three (3) years of age and must be present in the Center with the child. The following activities are provided:

G.E.D. - Parents are pre-tested in the areas of math, reading and language arts. Activities are designed at their individual levels of performance in order to improve their skills and provide competency to obtain their high school equivalency diploma.

CHILD DEVELOPMENT - Weekly discussion sessions are provided on the developmental stages of children in order to provide parents the necessary information to develop their children's potentials to the maximum degree possible. Hands-on experiences are provided in the classroom.

WORKSHOPS - Consultants are obtained to provide the participants with information in the following areas: Health, Nutrition, Career awareness, Parenting skills, Home Management and any other areas of interest to the parents.

PARENT CHILD INTERACTION - Children are placed in an educationally enriched classroom program in order to help them develop educationally, emotionally and socially. Parents participate in classroom activities with their children on a daily basis the early part of the morning.

SEWING/CROCHETING CLASSES - Once per week parents participate in beginning and/or advanced sewing classes. Parents learn to make simple items of clothing for their children and themselves, as well as learn to do alterations and mending.

Crocheting and arts and crafts classes are also provided once per week.

HEALTH EDUCATION - Once per week Health & Nutrition Education sessions are provided which includes principles and practices for establishing and monitoring health, safety and sanitation. Family planning and pre-natal care are also discussed.

PSYCHOLOGICAL RAP - Through a contractual arrangement, a psychologist is assigned to work with all participants on a regular basis. The psychologist comes to the Center to assist with any problems that may require psychological services. Group discussion sessions are conducted with parents, and children are observed in the classroom by the psychologist as indicated by teachers. Special assistance is given to children with atypical behavior or development, either through therapy or through the referral process. Parents may also request individual assistance from the psychologist as needed.

"HIT OR MISS" - Newly created activity where excitement and enthusiasm are expressed on the part of parents. These sessions are held once per week for each group and include a variety of activities that are enjoyable to the participants. These session topics are unannounced to parents and therefore, generate an abundance of enthusiasm and anticipation each week.

IV. SPECIAL NEEDS SERVICES

The overall goal of the Special Needs program is to provide educational services to children with handicapping conditions in the least restrictive environment possible. This goal is met in the following ways:

Mainstreaming - Children are mainstreamed into all PCC Programs where they participate in learning activities designed to meet their individual needs.

Diagnosis - Enrolled children in need of diagnostic services are referred to outside medical facilities which has agreed to provide these services to the children.

Supportative Services - The full range of supportative services at PCC is available to the families of enrolled children. In addition, specialized services, counseling and information are provided according to the particular needs of each participant and his family. These services include speech therapy, information on special education techniques and prescriptive classroom curriculum.

SUPPORTATIVE SERVICES A. HEALTH - The Health Component is under the coordina-

tion of a registered nurse to insure that all enrolled children receive comprehensive health services, screening and diagnostic work from local health agencies.

Weekly Health Education Program for the Parents, which includes principles and practices for establishing and maintaining health, safety and sanitation. Family planning and pre-natal care are also discussed.

Individual medical/health records are kept for each child which include medical history of child and family, immunization records of child.

Medical/dental examination, audio-visual screening, immunizations, urinalysis and screening for sickle cell and low homoglobin for all Head Start children are done by contracted medical teams. Children with abnormalities are referred to their pediatrician/dentist and follow-up of appointments is done by the P.C.C. Nurse.

Dental services for P.C.C. families are provided on a contractual basis by a private dentist. Program children two (2) years and over accompanied by their parents are taken to the dentist in groups of six (6) or seven (7) for examination, cleaning and flouride treatment. If there is no family dentist, parents are permitted to bring older siblings who have never had dental care or are in need of restorative care. Health Component dental funds pay the cost of the first visit and any subsequent visits of participants, who do not have public aid medical cards. Participants who are in need of restorative or remedial care and are public aid recipients with medical cards are accepted by the contract dentist. This arrangement provides for early recognition and treatment of dental needs and prevents double billing by using public funds whenever possible.

The Health Component is participant oriented. The activities and education segments of the component are structured to meet the needs and reach the objectives that are identified and established by the parents.

B. SOCIAL SERVICES - The Social Service Component plans for the delivery of Social Service to the PCC families. Social Services provide direct and referral services which will alleviate problems and concerns that may prevent the development of PCC families, and acts as coordinator of all services available to the family, both within and outside the Center. Social Service staff is also responsible for recruitment, enrollment and program orientation to all new families. General follow-up on attendance and family progress is maintained through regular family contact via telephone calls, home visits, informal conversation and individual conferences.

The Social Service staff considers community relations of vital importance and acts in the following capacities as part of their work in the community:

a. Identifies and develops new resources

b maintains close contact with pertinent community and city wide agencies establishing lines of communication to in

sure an adequate treatment process for participants when there is need,

c. acts in Public Relations capacity making the community aware of our services and, gather information from the community for Center distribution; and,

d. works with agencies with large out-reach staff such as Children and Family Services, Social Centers, Health Facilities, etc., in recruiting families. Cooperation with these agencies encourages families to become participants in the Center. By using a team approach with these agencies we are able to identify and reach those families in the community most in need of the Center's services.

Parent Education and Parent Involvement - The approach to education is an informal one. Social Services staff helps the client obtain and effectively use resources. Field trips, classes, and luncheon meetings, all provide excellent opportunities for the relay of information. The client is encouraged to act on his own behalf whenever possible. Social Service staff lends information, some direction and positive support, and encourages the parent to function more independently.

Social Service staff is responsible for the coordination of the volunteer program and shares with the Education and Health staff in working with parent involvement.

In addition, the Social Service staff assists the Parent Committees and Groups (P.C.C., Head Start & Home Start) as resource persons in the planning of desired activities and programs. During this process, every effort is made to promote and increase participant's knowledge, self-esteem, and leadership abilities.

Other Programmatic Highlights - P.C.C. Policy Committee is the decision making body of the Center. It is composed of twenty-five (25) elected members representing parent and community residents and agencies, with the parents holding the majority of seats. Through its committee structure it plans, studies, evaluates P.C.C. programs, proposals, budgets, etc.

P.C.C. Food Co-op Program - Under the Social Service Component, the P.C.C. Food Co-op Program provides, parents an opportunity to purchase food collectively at near wholesale prices. Meats, eggs, cheese, vegetables, fruits, laundry soap, etc., are available through this program. Also, parents can use their Food Stamps and make an additional savings. Orders are taken once per month and parents are responsible for order taking, collation, money collection, and bookkeeping.

P.C.C. Summer Program - During the summer all P.C.C. activities are geared for the entire family. Each group has a field trip a week to various points of interest throughout the Chicagoland region. Visits to zoos, museums, dairies, amusement parks, boat rides, etc., are featured. The highlight of the summer is an Annual Weekend Family Camping trip in the State of Wisconsin.

P.C.C. - Nursing Internship Program - Junior year nursing students from the University of Illinois School of Nursing participate in children's classroom activities, as well as, the Health Education program. This allows the students to gain practical knowledge and experience in Child Development, in addition to daily health needs.

HOME START PROGRAM: - The Center has expanded its services to include a Home Start program for 60 children.

The Home Start Program is for families of pre-school children. Education, Health and Nutrition, and Social Service are provided to all enrolled families.

A Home Visitor makes weekly visits to each home and assist parents in teaching their own children, as well as to help the entire family attain needed health and social services.

The program operates with the basic premise that parents who are already the child's natural re-inforcing agent, are provided with skills necessary to effectively teach new behaviors and to modify in-appropriate behaviors that interfere with learning. All this learning takes place within the child's unique, and natural environment, the home.

The portage teaching model follows a highly structured approach that is complex in design yet simple in its implementation. It follows a specific sequence that ensures objective planning, a specific teaching process and built-in, on-going evaluation process.

CONCLUSION: In conclusion, it is hoped that this explanation of the Department of Human Services', Parent Child Center Program has given the readers a basic programmatic overview. It is extremely difficult to relate all aspects of this program including impact because it is highly individualized in some respects, and ever-changing in others. However, by working with the pregnant woman, the pre-school child (0-5), the school-age child, the parents, the family, and the community, the Parent Child Center is indeed promoting, strengthening, and improving the general "Quality of Life" in Chicago's diverse communities.

DF:ya:bc

Overview of The Washington, D.C. Parent Child Center

The Washington, D.C. Parent Child Center (PCC) was begun in 1968 as one of 36 Parent Child Centers funded by the Office of Economic Opportunity as a part of the Head Start program. As a non-profit community based organization, PCC has expanded its services to include the Head Start Home Base program, programs for high school equivalency and parenting skills training for parents, day care and child development services for children from infancy to school-age, and coordination of health care, nutrition, and other human services. Through all of the services, PCC now provides services to approximately 2,500 individuals.

PCC is financially supported, with funds coming from the Department of Health and Human Resources, United Way, the D.C. Department of Labor, generous in-kind contributions, Office of the D.C. Public Schools, local clubs, and individuals.

The Center is presently located at 2124 - 14th Street, N.W. and 2002 - 14th Street, N.W. with one other location at Cardozo Senior High School.

A primary goal of the staff and the Board of Directors at PCC is to combat and defeat the fragmentation of services to young children and their families. By utilizing to capacity all of our existing resources, both material and human, we are very slowly beginning to realize the attainment of that goal. Through the realization of this goal, PCC has been able to significantly influence the life opportunities and capabilities of those we serve.

Here, at the Washington, D.C. Parent Child Center, Inc., we see parents become independent of public assistance; able and willing to discuss child abuse and neglect openly; and develop positive techniques in teaching and disciplining their children. We see not only how parents, some of them for the very first time in their lives, have improved their own self-image and esteem, but also how tremendously well they progress with regard to language, math, and reading skills. We see evidence of an improved quality of life for our parents...and they see it too. We see, on a daily basis, the provision of comprehensive services to handicapped children inclusive of diagnostic, treatment, and follow-up services. We see the benefits received by our parents through the provision of support services in the area of health, social services and family counseling.

Currently, the Washington, D.C. Parent Child Center, Inc. is able to offer the following programs on a daily basis to our participants.

HOME-BASE:

The Home-Base Program requires that trained Family Education Assistants go into the homes and work with parents.

on an on-going basis, providing infant stimulation skills. Parents and their children are seen in the home by the Family Education Assistants at least once per week. During the home visit, parents observe the techniques demonstrated by the FEA and utilize these same techniques during the visit and later for follow-up when the FEA is not present. Each family is invited to bring their child in the center for group activities supervised by their Family Educatior Assistant. Parents also participate in center based activities and workshops scheduled throughout the month. These workshops provide parents with additional information on parenting skills, child development, health, nutrition, social services and career development.

PARENT EDUCATION PROGRAM (PEP):

The foremost purpose of the Parent Education Program (PEP) is to provide proper motivation and encouragement to parents through increasing their confidence in themselves as individuals and as parents, as well as to provide basic academic and job training experiences. The program provides guidelines for the parents which help them become more acutely aware of their responsibilities to their city, their community and their children.

The Parent Education Program was designed to develop each parent's self-esteem and appreciation of themselves; provide G.E.D. training (General Education Diploma) in reading, language and mathematics; assist in the development of basic practical knowledge and understanding of health, nutrition, consumer education, and how to prepare for future employment. Parents also receive hands-on experience at PCC as child care aides, receptionists, kitchen assistants and bookkeeping and clerical skills. The Parent Education Program at PCC has charged itself with providing child care and development programs for the children of the PEP parents while they are receiving their training.

The program is designed to address the needs of twenty (20) parents and their children. The parents, for the most part, range in age from 18 years to 25 years of age.

PARENT EDUCATION NURSERY PROGRAM:

The PEP Nursery serves the children of the parents who are actively involved in the Parent Education Program at PCC. The Nursery is set up to house twenty-five children, five days per week from 9:00AM until 2:30PM. It has colorful learning centers of interest to encourage the children to learn by doing and to learn through play. Within this classroom may be found a housekeeping center that the children utilize to dress up in and imitate adults; a science center where objects such as rocks, leaves, and an aquarium and other objects are used to stimulate

young minds; a block corner that the children use to build, tear down, create, and discover, a wood-work center, music area, sand area, library and a manipulation center where children are given the opportunity to "put together and "take apart". Parents of children in PEP Nursery are required to participate in the classroom hands-on child development activities.

INFANT EDUCATION CENTER:

The Infant Center program is designed for children from 6 weeks to three years of age. It is in operation five days per week, from 7:00AM until 6:00PM and is designed for 30 children housed in three classrooms. The program was originally designed to help parents become upwardly mobile by giving them an opportunity to improve their economic status. Quality care is given to the children while their parents are at work, in a job training program, or in school completing their high school education or learning a vocational skill.

The curriculum presently being used with the children is geared toward the individual needs of each child participating in this program. The Portage Guide to Early Education is being used in addition to other sources.

There are five areas of concentration relative to children's behavior that are closely monitored in this program. They are cognition, self-help, motor, language, and socialization.

Approximately 10% of the children enrolled in the Infant Center have handicapping conditions which range from severe to minimum. Teachers and Teacher's Assistants carry out the Individualized Education Plan (IEP) developed for the handicapped child. Thanks to cooperation agreements with handicap resource agencies, like D.C. Society for Crippled Children, PCC is able to provide day care services to severely and multi-handicapped children.

NURSERY:

The Nursery Program has a staff/child ratio of one to eight. It serves children from 3 to 4 years of age and is currently designed to serve 30 children. This program was essentially designed to equip low-income children with skills needed to succeed. Its primary purpose is to develop the whole child.

In order that this purpose becomes a reality, the staff concentrates on developing: 1) a positive self-concept with the child, 2) independence in making choices and decisions, 3) socialization and interaction skills and 4) concept formation ability.

In the Nursery design, there is a combined curriculum model to develop age-appropriate skills for the children. Concentrated attention is given to the development of social skills, physical development, health, safety, language and art. Planning is done weekly and enrichment field trips are taken to interesting and educational places throughout the program year.

PRE-KINDERGARTEN EDUCATION PROGRAM:

Once the children leave the Pre-Kindergarten Program, they automatically enter Kindergarten though in many instances they are performing above first grade levels. The success of the Pre-Kindergarten Program can be defined based on the children's success in grade school. A longitudinal study that was conducted a few years ago indicated that PCC children who participated in the DISTAR (Direct Instruction for Language, Arithmetic, Reading) Program performed well above grade level when compared to their peers in the first grade.

The staff was quick to recognize that in order to develop a child's interest and cognitive skills, provision of a curriculum which exposed them to a wide variety of subjects was mandatory. PCC children in the Pre-Kindergarten Program become accomplished in alphabet skills, language arts, social dramatic activities, and creative activities.

There are 30 children in the PCC Pre-Kindergarten Program, Ranging in Age from 4 to 5 years. They are in structured classes five days per week.

SOCIAL SERVICES COMPONENT:

The Social Service Component of the Washington, D.C. Parent Child Center, Inc. provides supportive and preventive services to the families enrolled in PCC programs. Services are rendered to help families with financial, personnel, inter-family, housing, and social problems. The staff consists of the Social Service Coordinator Assistant, and social work college students who serve on a volunteer basis.

Our Social Services Component has two primary purposes: to preserve and strengthen the family unit through direct services and referrals to community and local service agencies and to generate a positive change in the family through education, and skills development in meeting day-to-day problems in living. Problem with housing, eligibility for public assistance and related services, unemployment and crisis situations are some of the areas in which the Social Service Component has intervened and successfully resolved.

Records are kept on each referral made by the Social Services Component in the appropriate family file and documentation of all phone contacts, correspondence, home visits and office visits is kept.

HEALTH:

It is a truism that poor health is not only a medical problem, but a social and economic problem as well. At PCC our primary objective is to ensure that each child and his or her parent(s) are healthy to the maximum extent possible. This objective is to accomplished through the Health Coordinator's efforts to obtain adequate health care for them. Our efforts are geared toward improving the health of members of our community and preventing health problems via improved nutritional education, health education, consistent prenatal care, good dental care, regular screening, etc., of our parents and children.

Numerous agencies in and around the Washington, D.C. area provide PCC families with direct health services, including:

Howard University Hospital
Howard University Hospital Dept. of Pediatrics
Family Life and Child Development Center
The Children's Hospital Comprehensive Health Clinic
Shaw Community Health Center
D.C. Society for Crippled Children
Childrens' Hearing and Speech Society
Upper Cardozo Neighborhood Health Center
District of Columbia General Hospital

Also, in conjunction with Howard University Hospital, PCC has developed a Health Needs Assessment to determine the major health needs within the total PCC community. This Health Needs Assessment will assist us to prioritize needs and determine the amount of resources and energies to be recruited and used in health education, preventive health and mental health needs.

NUTRITION:

Previous surveys and inquiries into the nutritional problems experienced by the residents of the PCC community are found to be directly related to inadequate income, transportation problems, food purchasing habits, neighborhood stores vs. the absence of large chain stores, management and budgeting habits, the ineffective use of food programs (i.e., Food Stamps, Supplemental Foods, etc.)

The Washington, D.C. Parent Child Center, Inc., feels obligated to involve both the parents and children in its nutritional program through education. By involving parents in the program, they learn which foods and what amount of food are best for their children and consequently, the entire family.

Studies have indicated that poor nutrition during early childhood has an effect not only on physical growth, but on mental growth as well. The emphasis on improving nutrition is designed to improve all aspects of the child's growth and development. It is important that a child be guided and provided with varied experiences so that he/she learns good eating habits for life.

Meal time at PCC is an important event; one that the child looks forward to in his daily routine. Cycle menus are planned to include the four basic food groups. The meals are planned in such a way that the children have pleasant experiences with textures, colors, shapes, smells and tastes.

The children are served three meals per day at the Center; breakfast, lunch and one snack.

The classroom staff were closely with the nutritionist. Lesson plans are formulated to help the children understand the names of different foods, seasonal foods, utensils used in cooking, how foods look, taste and smell, how food provides energy, and how food helps us grow and keeps us healthy, among other things.

Parents and staff members are exposed to workshops that cover ways to save money on food bills, how good nutrition depends on a number of different factors; how to introduce new foods to children, the process of infant feeding, how to bring children and food together happily, etc.

In addition to the workshops, the nutritionist also schedules conferences with parents who have children with special nutritional needs. In addition, trained kitchen staff makes sure that that the Center is in complete compliance with regulation relevant to food handling and food preparation.

HANDICAP SERVICES PROGRAM:

It is the primary goal of the Handicap Services Program to enroll children with varying degrees of handicapping conditions into the mainstream of the programs offered at PCC while ensuring that all individual needs are met. To achieve this goal, PCC utilizes existent community resources to provide services to enrolled handicapped children.

We have successfully expanded and strengthened our relationships with other agencies serving handicapped children. Alliances have been formed with Georgetown University Affiliated Program for Child Development as well as with Children's Hospital Howard University Hospital Child Development Center, the D.C. Society for Crippled Children, the Public Schools of the District of Columbia, Galludet's school for Contemporary Education.

The program at PCC for handicapped children is geared toward the total child's development in the home as well as in the classroom. Handicapped children between the ages of six weeks and five years of age and who have been diagnosed by a licensed diagnostician are eligible for enrollment in all PCC programs.

CAREER DEVELOPMENT:

Career Development at the Parent Child Center applies to both staff and parents. Staff is provided with the opportunity to attend workshops at the college level that will enable them to up-date their knowledge and skills in the respective areas of concentration. Staff is also provided with classes that will assist them in a more effective and efficient means of delivering family and child services to community residents. We allow for and encourage both upward and horizontal mobility depending upon the capability and desires of the staff person. Implicated in each step of upward mobility is increased responsibilities, in-service training programs, college training programs, and increased salaries.

Horizontal mobility is a means or allowing growth and preventing stagnation, as it allows staff increased knowledge and experience in different directions and develop the ability to assume more duties and responsibilities. In-service training, education received and demonstrated, and work ability are the primary factors in determining the pace in which an individual staff member will be able to advance.

Classroom staff teacher and assistant teachers will also be provided the oppoftunity to pursue Child Development Associate credentials as another form of possible career enrichment.

Parent participants are mainstreamed into the career development activities at PCC by providing opportunities for employment at the Center with continued in-services training through the same channels as other staff members.

SPECIAL INITIATIVE PROJECT-WIN PROGRAM FOR TEENAGE MOTHERS:

PCC is sponroring a vocational, academic, and life skills training program for teenage mothers in the District of Columbia. The focus of the program is on enhancing the employability and academic status of the trainees, since the PCC project is sponsored by the Federal WIN (Work Incentive Program). However, the curriculum design contains an added feature to allow for personal growth and development, and the improvement of parenting skills. The transitional phase of adolescence towards young adulthood is a very difficult developmental phase, without the added responsibility of a young infant. When a teenager has a child, she is often bewildered, with nowhere to turn and is lacking the necessary informal and formal support systems to

95-358 O—82——11

continue progressive development. Although public assistance alleviates the burden of providing for the very basic necessities of life for the young mother and her child, it still is a very meager means of support. Frustration is evident when the mother looks at herself to find that, more often than not, she is a high school dropout, without any marketable skills or social resources needed to survive comfortably in the mainstream of today's economic and social systems. Voluntary enrollment in this program demonstrates that the participant has personal initiative and motivation and desires to change her life situation to make a better life for herself and her child. The WIN Program is designed to provide her with the opportunities to succeed in her effort to become a self-sustaining and fully-functioning adult.

The program at PCC is tailored for success because we stress and provide opportunities for training in several marketable skills, areas and stress attaining the necessary academic pre-requisites necessary for gainful employment. A sampling of our course offerings includes:

Vocational	Bookkeeping
	Office Skills
	Day Care
	Non-Traditional Occupations for Women
	Nutrition Aides
	Word Processing
	Home Nursing
Academic	GED Classes
	Demonstration Reading
	Project for Non-Readers

In addition, we have the capability to provide trainees with many supportive services and general life information that they need to survive and understand the surrounding world. Although the focus is on academic and vocational training, we at PCC want to impact on the total development of the young women. Our Life Skills Courses include:

- Sewing
- Nutrition
- Body Dynamics
- Family Relations
- Black History

NOTE: Attached are copies two copies of case studies on teenage mothers who were enrolled in our LINCKS program. This was a three year research program funded through HHS to provide support services to teenage mothers. Funding ended September, 1981. However, we are continuing to provide support services that are needed

At the time she joined LINCKS, Alicia was 19 years old, had one son, and been out of school for two years. The last grade she had completed was the ninth. She had been living in a rooming house where she paid $35 a week for a residence with her son. Alicia had previously lived with her sister who asked her to leave because she was taking up too much time and space. In the five year period before Alicia joined LINCKS, she had moved four times: A few months later she had to move once again. Alicia's mother was deceased, and she did not know her father's whereabouts.

Alicia's only source of income was social security, and the amount of her monthly benefit was inadequate for meeting her needs. Consequently, one of LINCKS' first tasks was to inform her of other benefits for which she was elibible, and to assist her in applying for and obtaining those benefits. Within a few months, Alicia was receiving food stamps, $203 a month from public assistance, and Medicaid coverage for her and her child. LINCKS's second major task was to help Alicia enroll at Cardozo, where she became a full time 10th grade student.

With the support of PCC day care and LINCKS social services, Alicia was able to complete her first year at Cardozo High School. But her life continued to be beset with difficulties.

Her housing situation remained precarious. LINCKS had assisted her in finding a subsidized apartment, but what was initially reported as a three month waiting period (for the completion of construction), turned out in reality to be more than a year. Consequently, Alicia had to continually make new arrangements for a residence, as each successive deadline was extended.

Despite her income from public assistance, Alicia continued to have difficulty meeting all of her expenses. It took approximately six months of working with the LINCKS staff and local agencies to secure a part-time job.

During Alicia's first year in LINCKS, her housing and budgeting problems were exacerbated when her public assistance check was delayed (making it impossible to pay any bills), she received a bench warrant for failing to pay a medical bill for her son (incurred before she had Medicaid), and her purse (containing her money, Medicaid card, monthly food stamps) was stolen.

The LINCKS staff worked with Alicia in surmounting each of these obstacles. They followed up on the status of the construction of the apartments, while helping her find temporary living arrangements, simultaneously checking other housing availability in the event of further delays. When her public assistance check was late, they got her emergency food supplies. When her purse was stolen, they told her how to go about getting her Medicaid cards and other items replaced. They also arranged for a volunteer "big sister" for Alicia, who provided her with physical, as well as emotional support. It was Alicia's big sister who bought cake and ice cream for her son's birthday party, when Alicia's purse was stolen.

Alicia was a very active LINCKS participant. She recruited new students for the program; she invested considerable time in helping with preparations for a Health Fair at the high school; she met with local reporters to discuss LINCKS for a newspaper article; all the while regularly attending LINCKS workshops and related activities.

Alicia had considerable difficulty getting through school. With continuing parental, employment, and housing responsibilities, she often missed school and got behind in

her studies. She passed to the next grade each year, however, and obtained her degree in three years.

By that time, Alicia had secured an apartment, managed to furnish it comfortably, purchased an inexpensive car with wages from her part-time job, and had begun to plan for a career as a nurse's aide. Upon graduating, she enrolled in a work-study program at the University of the District of Columbia where she continues to split her time between academics and paid employment. During her final interview for the LINCKS project, Alicia's closing statement was, "I'd like to see the progam continue, because LINCKS was the extra support that I needed."

Sylvia, a 17 year old single mother of a one year old child, approached LINCKS in the hope that it could solve her day-care problem. A senior at Cardozo High School, she believed that, without new babysitting arrangements, she would soon have to drop out of school.

Sylvia lived in a rented apartment with her mother, a sister, and a brother. Her immediate family members were important sources of support for her and her child. Her grandmother cared for her child during the day, when Sylvia was in school. Her mother assumed daily responsibility for bringing the child to the grandmother's home in the morning, and for picking him up at night. Her siblings and other relatives helped when unexpected difficulties arose.

Because of her grandmother's health problems, however, Sylvia had become increasingly concerned about relying on her daily for the care of her child. She felt that the additional responsibility might exacerbate her grandmother's health problems. As was generally the case with LINCKS participants, Sylvia could not afford a private day-care center. Her mother worked full time, but her income was modest.

Although LINCKS had no day care available at that time, Sylvia remained in the program hoping that a space would become available. In the meantime, her child remained with his great grandmother. Sylvia enrolled in one of the LINCKS courses, became a member of the LINCKS homeroom, and asked for LINCKS' help in finding a part-time job and in preparing for college. The LINCKS staff located a job for her through the Cardozo Mini-Employment Center, and Sylvia organized her schedule so that she could attend school until noon-time, and work in the afternoon.

Because of her responsibilities at school, at home, and at work, Sylvia was unable to attend workshops and other LINCKS activities. She did, however, talk with LINCKS staff members regularly. When asked how she felt that the program had been most helpful, she commented on the availability of the staff to "talk and help out".

After graduating from high school, Sylvia planned to attend the University of the District of Columbia to study business administration. LINCKS assisted her in obtaining and completing the application and directed her to the school's guidance department to arrange for taking the entrance exam.

Sylvia graduated from high school, as planned. When interviewed a year later, she was working full time, had been accepted at the university, and was about to start evening classes in accounting.

STATEMENT OF J. MORRISSETTE-NDULULA, EXECUTIVE DIRECTOR, PHILADELPHIA PARENT-CHILD CENTER, INC., PHILADELPHIA, PA.

Ms. MORRISSETTE-NDULULA. Congressman Andrews, on behalf of the 37 parent and child centers which are operating throughout the country, I wish to thank you and the other members of the Subcommittee on Human Resources for granting us this opportunity to respond to the paper "Head Start Directions for the Next 3 Years."

I would like to say that in this group today there are a number of representatives of parent-child center programs. We have people here from Michigan, Massachusetts, Maryland—a large group of people from Maryland—and, of course, there are people here from Washington, D.C., and there are some people here from Philadelphia, Pa., the center from which I come.

Mr. ANDREWS. They are here for what purpose?

Ms. MORRISSETTE-NDULULA. They are here in support of a continuation of the parent-child center programs, as well as in agreement with the feelings expressed by the total Head Start program that were stated earlier by other people. We want you to know that we are a part of Head Start and that we support the entire package of concerns that are being expressed.

Mr. ANDREWS. Well, let us ask those people to stand to see who they are and where they come from.

Very good, more than half the audience. [Applause.]

Thank you.

Ms. MORRISSETTE-NDULULA. As I said before, we are Head Start, too. In many of our programs we are combined with Head Start. In the Philadelphia Parent-Child Center, for example, we have the parent-child center program, we have the Head Start program, and then we have a title XX family day-care program for infants and toddlers. So we are concerned about all of our children and we don't see working with one group of children in isolation of the other.

When we first heard of the proposal to discontinue the parent-child center programs, we were bewildered. I must say that we did submit our testimony earlier, and I will just make some comments in addition to those.

On behalf of the 37 PCC's, we were, I think, 100 percent bewildered when we learned that the parent-child center programs were being considered to be discontinued. This was especially in view of the General Accounting Office report on the effects of early intervention programs for children 0 to 3 and their families which was published in 1979. This report cited that the importance utilized by parent and child centers and child and family resource programs had been effective in meeting the multiple needs of families and children enrolled in the programs, and recommended to the Congress and the Department of Health and Human Services that the programs be expanded.

Well, in light of the tight money situation that the country is in today, I suppose it would be unrealistic for us to call for the expansion of the parent-child center programs right now. On the other hand, it is also unrealistic and a disservice to our very young chil-

dren to discontinue those programs that make such a big difference in their lives, and in which so much has already been invested by our Government. We should at least keep this investment in place, keep in a holding pattern, so to speak.

Head Start, including all of its components of which the parent-child center is a part, has proven that it is effective. You have heard that said here many times today. We also agree that there is always room for improvement. But changes alone do not guarantee improvement. especially without thorough indepth and extensive evaluation. And I don't think that this has been done in relation to the parent-child center program.

Each of the 37 parent-child centers is designed somewhat differently to meet the individual needs of the community in which it is located. But the key element present in all of our PCC's is the prevention of developmental deficits. In order to be effective, prevention must be provided early. I think all of us would agree to that.

PCC's begin at the earliest possible stage, before birth. We have prenatal programs, and these programs stress nutrition of the mother and they help her to look after her own physical and mental health as well as to make other kinds of preparations for the coming of her baby. Once the baby has arrived, we provide programs for the infant, usually in a home-based setting, where intellectual, emotional, motor, and language development are stressed, as well as nutrition and health.

Then, in addition, when the child becomes a toddler, we realize that an important experience for the toddler is interacting with other children his or her own age. So the child usually participates in a center-based program. This is the child's first step out into the world, and PCC's provide a safe, consistent, warm environment which helps them to explore and learn.

PCC's also stress that parents are the children's first and most influential teachers. So we strongly support this and try to provide the kind of help that parents need to become the most effective teachers that their children can have.

As I said before, a number of our centers have combined with PCC's and Head Start programs. It seems that some children can wait until age 3 to become enrolled in early childhood programs. But we are convinced that to delay in other instances would prove to be very detrimental for some of the children.

For example, Burton White in his book "The First Three Years of Life" states: "To begin to look at a child's educational development when he is 2 years of age is already much too late."

To make believe that the private sector will take on the cost of such programs is also unrealistic and amounts to an abandonment of the programs and the concepts in support of them. The local matching-share requirement of Head Start is already making it essential that we seek help from the private sector. Representatives of the business community with whom I have spoken have made it very clear that they can provide some help, as they are already doing—we have gotten help from the private community—but not nearly to the degree that would be needed to take on the cost of a program such as the parent-child center.

Therefore, in light of the experience of the parent-child center program and the research which strongly supports the effective-

ness of 0 to 3 programs, we urge that the 37 parent-child centers now in existence be continued and that, in the future, funds be sought to expand them.

Further, we strongly believe that such programs as a parent-child center program and the child and family resource programs will certainly enhance the positive impact of Head Start on the upcoming generation, thus lessening the high cost of crime and social dependence in the coming years.

Thank you very much.

Mr. ANDREWS. Thank you. [Applause.]

Another outstanding statement Thank you so very much.

All right. Now we will hear from the lady from North Carolina. We would like to hear from you.

[Prepared statement of Yvonne Bushyhead follows:]

Prepared Statement of Yvonne Bushyhead, Head Start Project Director, Indian and Migrant Head Start Programs, Tahlequah, Okla.

Mr. Chairman and Members of the Committee:

My name is Yvonne Bushyhead. Thank you for the opportunity of appearing here today on behalf of Indian and Migrant Head Start Programs.

I am the Director of the Indian Head Start Program in Tahelquah, Oklahoma. I also serve as Chairperson of the National Indian Head Start Association. In that capacity, I work with 94 Indian programs serving 13,000 children in 24 states. Some of our programs operate in a pueblo setting only, while others are conducted in a multi-state area serving thousands of children.

I have been a Head Start parent. Three of my children have been in Head Start. I therefore can understand and appreciate the effects of this majestic program on the lives of children and families.

Because of our close association with migrant programs, I have come to know their leaders and thus speak for them today as well. Migrant Head Start, through 24 grantees serves 16,000 children in 20 states. Some migrant programs serve a particular county, whereas others, because of the mobility of families, serve a full state area or a multi-state region.

The Chairperson of the Migrant Association is Romeo Sifuentes, of the Texas Migrant Council. He is here today. Together, and on behalf of our 118 grantees,

we have prepared and are submitting to you, today, an extension of these brief remarks that will further identify our concerns, our needs, and our recommendations.

Our programs, Indian and Migrant, are national in character and thus the solution to our needs and the administration must be nation-wide in design. The needs of Indians and Migrants have always been so. We are a "national" region, but we have always been and remain today an integral part of the entire Head Start structure and of the National Head Start Association. We operate under the same income eligibility standards, the same performance standards, and the same criteria for handicapped services. We share the aspirations of Head Start programs everywhere to provide the best possible program for children and families in accordance with the laws of Congress and the administrative regulations that have evolved over a decade and a half - regulations that have been carefully nutured through cooperative planning with regulatory agencies and parents, staff and that tremendous body of friends and community support that is the heart of Head Start.

We are proud of our "track record." In most Indian and Migrant settings, the Head Start program has been -- "is" -- the focal point of child and family services. It is, absolutely, the "shining star" of Federal assistance to our communities.

In the grandeur of this room, the stark poverty of Indian and Migrant settings seems far away. But it is not, for in this room, in the Capitol, at the White House, at OEO, at ACYF -- all within a few miles of each other, are and the

decisions that affect these 29,000 children and their families.

And that is why we join with Head Start programs across the country in viewing with alarm -- make no mistake about that feeling -- what we consider to be damaging concepts and directions that the administration is pursuing We do not maintain that the status quo is sacred. Indeed, the face and character of Head Start has continually emerged since its inception. It has become stronger, more responsive, more accountable. It has fulfilled the expectations of this Congress and of those preceeding it, and it has earned genuine, universal respect across the land.

So when the Administration proceeds unilaterally towards some new design, a new focus, a mid-course correction to a program that is by every measurable device, clearly on target, we ask here, as we have asked elsewhere, WHY?

Why tinker with a program that works -- and the tinkering that is proposed is not fine-tuning at all?

Why "hastily propose" basic changes that no one has asked for -- no one in the field, at least?

Why ignore parent response and the opportunity to review changes when parent involvement has been, to this point at least, the cornerstone of the program?

Why, when every document produced in the past several years by Federal agencies, including reports by GAO, attest to the effectiveness of this program, does ACYF find it necessary to conduct "crash" changes?

Why is it that in the late Fall of 1981, ACYF abbrogates much of the testimony it gave to Congress in the Spring and early Summer about basic current program effectiveness?

What happened following January to July of 1981, a time of glowing testimony to Congress by ACYF on the values of the existing program, that caused ACYF to prepare its Hopkins Report, something that it has attempted to dismiss as merely an in-house memo, but in reality, a report that was devasting to the program concept as authorized by Congress; or its Head Start: Directions for the Next Three Years, a document totally devoid of input from the field and that in its time constraints, absolutely violated the opportunity for parent or community response. That document arrived at many Indian and Migrant programs for supposed comment after the due date for response. And now, ACYF has its draft "regulation and performance standards," that in the guise of relaxed reporting constraints, strikes out the heart of accountability standards that has produced quality indicators for the educational, health, nutrition, social services, parent involvement and handicapped features of the program.

Does ACYF understand -- does it appreciate and is it committed to comprehensive Head Start services?

And who has asked for these changes? Not our parents -- they were not even afforded a decent opportunity for comment. Not directors, or staff or community agencies.

Of course, there are sections of the Strategy Paper that we agree with. Who can quarrel with statements that seek to "increase staff salaries, reduce class size or maximize utilization of local resources?" Or statements that relate to cost analysis and exemplary practices. But the numbers just do not add up It would take $66.4 million dollars to offset inflation for the year just ended. It would take another $98.6 million dollars to replace the 16% of the program personnel that are not Head Start funded, who were chiefly CETA, and who are now gone. Add to the above the loss of other resources -- Federal, State, and local -- and the net result is that Head Start is in serious financial trouble. The cutbacks in BIA social services and Indian Health Services are heavy. The losses to migrant health and social service resources affect the migrant family at every turn. The Head Start dollar is already the dollar of last resort in many Indian and migrant settings and ACYF must recognize that. Simply stated, the resources so easily referred to in the Strategy Paper do not exist.

If ACYF truly desires to understand and thus help Indian and migrant children and families, then it would do well to consider the following:

- Any administrative change should be reviewed with and cleared with tribes as part of the trust and the Federal government. President Reagan in his previous statements concerning Indian policy has affirmed the necessity of full maintenance of this trust relationship.

- The matter of interagency collaboration and utilization of local resources has always been sought in Indian and Migrant programs. It it is not simply a local matter. It is a national responsibility. There should be a national priority to see that agreements are in place with all departments, particularly HHS, Labor, Energy, Education, Agriculture, and Interior This is crucial to the Indian and migrant programs that serve wide geographical areas and are affected by countless regulatory agencies. What is needed is for ACYF to take the leadership on a national scale and develop agreements and consensus of resource utilization with all the Federal array of departments that concern Head Start. Our programs cross large geographical areas, and thus, we need service agreements in each operating section of the country. We will continue to link with education, but does the Department of Education understand that its school should link with us? We will continue to work with a variety of programs in the Department of Agriculture, those that are left, but does Agriculture understand potential commitments and agreements to serve Head Start? ACYF neglects its responsibility when it does not vigorously attempt national interdepartmental agreements to the fullest extent

358 0—82——12

Realistically, at the tribal or migrant level, the basic effort is to maintain linkage systems in a declining economic base. ACYF should not expect or in any way project planning on assumption that state and local government or private resources will initiate new programs or pick up the slack of Federal cutbacks. That is not happening in our programs, nor will it.

Indian and migrant programs want more accountability, not less. The relaxation of regulations couched in the guise of local control may in fact serve to dilute program quality. The statement from the Strategy Paper that "requirements . . . will be limited to those areas considered essential to the operation of the Head Start Program" sounds fine -- but the heart of the issue is "essential to whom?" A mere statement that a child is to have a physical examination may satisfy the legality of the statute, but does not give clarity or specificity to what the exams should include or what the child deserves.

It is especially important to the migrant centers that services infants and toddlers continue. Without these programs, infants and toddlers will again go to the fields with their parents, or an older school-aged child will stay home to "care" for them, or they will be shunted about, because when already limited work is available, migrant families must work. The effect upon school-aged children, forced to stay home and care for young ones, would be devastating and would perpetrate the cycle of poverty.

We endorse the statement that parent training is a prime consideration for renewed emphasis and that an expansion of local Head Start activity in this area should be encouraged. We would likewise encourage ACYF to make available to programs multi-lingual materials appropriate for parent groups. The strain of translation for local programs is tremendous and duplicative across the country. We propose at least a central clearinghouse for collection of those items that have been translated across the country and pledge our support.

Transportation is an extremely costly item in both Indian and migrant programs. Centers are isolated. There is rarely the opportunity for shared ownership of vehicles. The most expeditious routing is already maintained. We welcome a review of potential improvements for vehicle maintenance and replacement programs. This factor impinges upon migrant and Indian programs more than any other segment of Head Start. Roads are frequently unpaved and/or not maintained. The effect on buses and vans is tremendous. There is no other transportation system available. The net effect upon program budgets should be acknowledged by ACYF and allowances made.

Facilities for migrant programs are desperately in need. The isolated, rural communities in which families are hidden from the mainstream often have no facilities at all for child care, or at best, buildings that require substantial renovation to pass regulatory inspection. Local areas often do not volunteer their resources to providers. The costs for the provision of suitable

facilities is a major problem and the solution rests at the national level. It is beyond the meager resources of the local programs.

In conclusion, Mr. Chairman, Head Start is already a credit to the nation. It has been from the beginning. It requires no further tests or hurdles to attest to its high esteem in Congress and supposedly in the Administration. Head Start is a model of what can be done in human service agencies. It is cost effective. It serves too precious few of our children who need the program.

The needs of Indian and migrant programs also include buildings, transportation, multicultural staffs adequately paid, materials, local health, handicapped and social service providers, receptive school systems, good licensing, and national service understandings. We need to maintain strong performance standards and accountability. We need to maintain a national focus and a national delivery system.

Head Start began as a great social effort at a time of national tragedy. It has faced and met challenge after challenge. It has earned universal respect. It is a program that works. It does not require extensive reorganization. It does require adequate funding in order for quality and quantity to be maintained.

We appreciate the opportunity to speak before this Committee today.

We appreciate that ACYF has stated that it will consult regularly with the Head Start community as it reviews regulations and policy. We request that this consultation and involvement be done much earlier than was afforded on the Strategy Paper.

We offer the full cooperation of our IMPD Grantees and the Associations that represent them in future deliberations with Congress and with ACYF.

Thank you.

STATEMENT OF YVONNE BUSHYHEAD, HEAD START PROJECT DIRECTOR, INDIAN-MIGRANT PROGRAMS, TAHLEQUAH, OKLA.

Ms. BUSHYHEAD My name is Yvonne Bushyhead, and I now am a Head Start director in Tahlequah, Okla., for the Cherokee Nation Head Start program I am also the chairperson of the National Indian Head Start Directors Association. In that capacity, we work with 94 Indian programs in the United States and Alaska. These programs serve 13,000 children in 24 States, the Indian and Alaskan programs.

Some of our programs, the majority of them, are on reservations or trust lands. A few others, like those in Oklahoma, are not on trust or reservation lands.

I have been a Head Start parent, as a single parent. I have three daughters, and they all attended Head Start

Today I come to you representing not only the Indian programs but the migrant programs. The migrant programs have 24 grantees and serve 16,000 children in 20 States. Romero Sifuentes is that chairperson seated here from the Texas Migrant Council.

Today we would like to tell you that the Indian and migrant programs are national in character and enjoy, the Indians particularly, a different kind of relationship with the Federal Government. We feel like this committee needs to be aware that that relationship and the solutions to our problems need special consideration because of that.

I come to you today—and I realize it is late—I have a few needs that I come to you with that we are concerned about. I will go through those. Then I would like to—Mr. Miller is gone—but I would like to say to him that we have come up with the percentage and money figures of the loss, even though Head Start did get an increase. I would like to say that in just a few minutes.

One of the first things we would like to talk about is that trust responsibility that the Federal Government has with Indian tribes. President Reagan has previously confirmed that there is an Indian policy and that there is a necessity to maintain that relationship and honor that trust responsibility.

Second, I would like to talk to you about—we feel like Head Start needs a national priority, that ACYF would do well to develop agreements and consensus from resourced utilization of all Federal Departments and programs, that only through working with the different Departments can we do what we are mandated to do, particularly HHS, Labor, Energy, Education, Agriculture, and the Interior.

We would like, further, to talk to you about the Indian and migrant programs We want to say that we want more accountability. We like the policies and procedures. We like the requirements that we must live by for our children.

For the migrants, especially, it is important that they be able to continue to have services for infants and toddlers. The migrant people in the work that they do, as limited as it is, must work when they can work. Unless they have a means by which to care for their infants and toddlers, they will take those babies and children out into the fields with them or keep an older child home to care for them.

None of this is conducive to early childhood development and to answering the problems that we feel we have in this Nation.

The next thing I would like to talk to you about is parent training. We are interested in some materials and appropriate multilingual materials to work with parents on. We would like to propose a central clearinghouse for collection of such items. We would be in support of such a task with our languages and with development of materials.

We want to tell that probably the most important factor that infringes upon migrant and Indian programs is that of transportation. It is extremely costly. Our roads are in terrible condition because we are mostly where no one else will go to serve people and children. We, too, have a need to improve and, in many situations with the migrants, they have a need to gain facilities. Many times there are no facilities at all to be had where their work is and where their children are.

We would like you to know that the cost for the provision of suitable facilities is a major problem, and we believe that the solution rests at the national level. It is beyond the meager resources of local programs.

Again, those needs are buildings, transportation, multicultural materials and staffs adequately paid. We are concerned about local health, handicapped and social service providers, receptive school systems, and national service understandings. We need to maintain strong performance standards and accountability for Indian and migrant children.

Head Start began as a great social effort and it has earned universal respect. We believe in Head Start. We want to go on record as saying that we appreciate it and we want to support it

We appreciate the opportunity to speak to you today.

I have these figures, if you would like to hear them.

Mr. ANDREWS. Go right ahead.

Ms. BUSHYHEAD. According to our figures, it would take $66.4 million to offset the inflation of the year we just ended. It would take another $98.6 million to replace the 16 percent of the program personnel that weren't funded by Head Start, such as the CETA employees.

When we add to this loss the loss of other resources that are Federal, State, and local, we believe that Head Start is in serious financial trouble.

Mr. ANDREWS. That is $165 million.

Ms. BUSHYHEAD. And, Mr. Chairman, we believe that, on Indian lands particularly, with the cutbacks in BIA social services and Indian health services, we do not foresee how we can continue and how we can have healthy children, how we can meet the requirements and the mandates that are sent to us.

The migrants, too, have health and social service problems with their resources.

Mr. ANDREWS. Thank you very much. Let us give them a hand. [Applause.]

I don't want to prolong this with a lot of my talk, but when I was 17 years old, I went to Cherokee, N.C., for the first time. I talked with a little Indian boy. He rather embarrassed me. He asked me if I knew what the Indians called this country before the white

people came. I thought for a minute, and I said, "You know, I never thought of that. I don't believe I have ever heard it. What did you call it before the white man came?" He said, "Ours." [Applause.]

Thank you all very, very much. All of you that are here have helped to answer the overall question that was being asked today. That was, "What does the Head Start community really think of the proposed policy paper or position paper, or whatever type paper it might be?" I think, overall, you have answered that question. Thank you. [Applause.]

[Whereupon, at 2 p.m., the hearing adjourned.]

APPENDIX

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development Services

Assistant Secretary
Washington DC 20201

NOV 18 1981

The Honorable Iko F. Andrews
Chairman, Subcommittee on
Human Resources
Committee on Education and Labor
House of Representatives
Washington, D. C. 20515

Dear Congressman Andrews:

Attached for your information and review are copies of a papor entitled "Head Start: Directions for the Next Three Years." As you will note, this paper, still in draft, is intended to lay out for discussion and consideration the options and decisions facing us in the administration of the Head Start program over the next three yoars.

We aro giving this draft paper wide distribution to national and state Head Start organizations, as woll as other interested groups. I hopo that you also will let us know any concerns or comments you may havo on the content of the paper.

Wo are hoping to receive comments on the stratogy paper by the end of this month, in order to collato, summarizo, and considor them in time to roach final decisions on the proposed strategy by the beginning of tho second quarter of the fiscal year, in January. If you have any questions or comments, I would be happy to talk to you on the telephone or to receive written comments.

Sincerely,

Dorcas R. Hardy

Dorcas R. Hardy
Assistant Secretary
for Human Dovolopment Services

10/22/81

HEAD START DRAFT
DIRECTIONS FOR THE NEXT THREE YEARS

Prepared by

The Administration for Children, Youth and Families

Office of Human Development Services

Department of Health and Human Services

I. PURPOSE

This paper provides a brief overview of the objectives that ACYF has established for Head Start over the next three years and of the actions that can be undertaken to achieve them. It represents our current thinking concerning what directions to pursue and what is most important to accomplish within the period of Head Start's legislative reauthorization.

The paper was developed as a preliminary response to a request from the Assistant Secretary for Human Development Services that we provide her with our ideas and recommendations on a "Head Start strategy" that can be implemented beginning in FY 1982. This request was made within the context of impending final Congressional action on Head Start's reauthorization and the preliminary deliberations then underway concerning the FY 1983 budget. It was also an outgrowth of an ongoing series of discussions concerning ACYF's priorities and plans for discretionary projects to be undertaken during the current fiscal year.

The paper is essentially a discussion draft. Its purpose is both to provide information about Head Start-related issues, policies and actions currently under consideration within ACYF, and to stimulate further thought and comment about them. We intend it as a vehicle for eliciting the views and suggestions of interested persons and organizations outside of the federal government, and as a basis for further deliberation within ACYF, OHDS and the Department.

After additional consultation, the paper will be refined and submitted to the Assistant Secretary as a final report. It is anticipated that the options and recommendations contained in that report will provide a framework within which decisions concerning future directions, priorities and projects can be made.

II. STRUCTURE OF PAPER

In considering how we would respond to the Assistant Secretary's request, we thought it useful and in keeping with the intent of the assignment, to define the task in terms of two general questions: first, what objectives do we believe are most important and feasible to pursue over the next several years; and second, what strategies or actions should be implemented in order to achieve these objectives? We also believed that framing the task in terms of these two questions would, of necessity, compel consideration of broad programmatic and budget policy issues, as well as issues of a more operational and administrative nature.

The paper is organized around five major Head Start objectives that ACYF considers worthwhile and feasible to achieve during the period of the program's current legislative reauthorization. They are:

- Maintaining and, if possible, increasing Head Start enrollment;
- Improving program quality;
- Improving and streamlining the delivery of training and technical assistance;

- Strengthening Head Start's relationships with other public, private and voluntary agencies and organizations; and
- Improving administration and management.

For each objective there is presented a discussion that amplifies its meaning and rationale and outlines how it could be attained. The treatment of each objective identifies those policies, actions and options either currently under active consideration or warranting further exploration and development. In some areas the policies and actions suggested are short-term and operational in nature, i.e., they are capable of implementation during FY 1982. In other cases the suggested options and courses of action are longer-term and would typically require a year or two of developmental work before they could become operational.

Preceding the discussion on objectives, there is a brief section explaining the major considerations and assumptions that significantly influenced our thinking about future directions for Head Start. These considerations and assumptions provided the context within which we thought about what would be reasonable and appropriate to pursue over the next three years.

III. STAFF PARTICIPATION

In the development of this paper ACYF has benefited from the ideas and suggestions of interdisciplinary work groups at both the national and regional office levels. Consisting of staff from ACYF, OHDS and the Department, these teams were asked to examine and make recommendations on seven broad topical areas related to Head Start. These topical areas encompassed Head Start's purpose and scope; federal, state and local roles and responsibilities; federal administration and management; program costs; training, technical assistance and technology transfer; research, demonstration and evaluation; and Head Start's relationships with other agencies and organizations.

As a result of these efforts, seventeen reports containing a diverse array of suggestions and perspectives have been produced. (Seven papers were prepared by Headquarters staff, ten by Regional staff.) Although it is not our purpose to attempt to represent or even summarize all of the many useful ideas offered in these reports, we have made liberal, albeit selective, use of their contents in developing this paper.

IV. CONSIDERATIONS AND ASSUMPTIONS

Head Start is a Program That Works

Head Start is a unique and highly successful program which enjoys widespread support within the Administration, the Congress and the general public. This support derives in large measure from a recognition that Head Start serves children and families who have significant needs and that it is a program which has had a major impact on the quality of their lives.

Since its inception in 1965, Head Start has provided health, educational, nutritional and social services to almost 8 million children and families throughout the United States and its Territories. Currently the program serves 370,000 children (including over 40,000 handicapped children) in approximately 2,000 economically disadvantaged communities, both urban and rural. The program employs some 70,000 persons in these communities, many of whom are Head Start parents and other low income residents.

Intended primarily for preschoolers from low income families, Head Start is designed to foster the development and well-being of children, thus enabling them to deal more effectively with both their present environment and later responsibilities in school and community life. In order to accomplish this goal, Head Start programs emphasize cognitive and language development, social and emotional development, physical and mental health, and parent involvement.

At the heart of Head Start's philosophy is the tenet that successful programs for children can be achieved and sustained only with the participation of parents. Head Start is designed to support parents in their role as the primary influence in the education and development of their own children. The program involves parents in the educational process both in the classroom and in the home, influences parents' expectations for their children's educational accomplishments and creates linkages with the public schools. In addition, Head Start encourages parents to participate in making decisions concerning local program policy by affording them opportunities to serve on policy councils and other committees concerned with the planning and management of Head Start services.

Head Start improves the status of children's health through both parent education and the provision of direct services: medical and dental examinations and treatment, immunizations, nutritious meals and snacks, and services to meet the special needs of handicapped children. Evaluation studies show fewer cases of anemia and better health and nutritional practices among children who have participated in Head Start than among those who have not.

Head Start also has a positive influence on children's cognitive and language development, socioemotional development, and subsequent school achievement. Research and evaluation studies indicate that Head Start participants consistently score higher than their peers on standardized tests of intelligence and general ability, and demonstrate improved academic performance as evidenced by both teacher and parent ratings and by independent observations of their actual performance in the classroom.

Recently, evidence has begun to emerge on the long term effects of Head Start beyond kindergarten and first grade. In addition to improved grades and achievement test scores, studies of Head Start report such positive long term effects as fewer grade retentions and special education class placements.

In light of the evidence of Head Start's effectiveness, we believe it is important both to preserve and, to the extent possible, strengthen those characteristics of the program that make it unique, that contribute to making it work, and that provide the basis for local community ownership and support. Among Head Start's essential features we would include: the comprehensive and developmental nature of the

program; the priority accorded to serving poor and handicapped children; the strong emphasis on parental involvement, and the program's community-based, local orientation.

In recognizing Head Start's successful track record and in endorsing those features which are its strengths, we do not, however, mean to suggest that there is no room or need for improvement. Our own monitoring experience and the experiences of local administrators who are more intimately involved in the day-to-day operation of the program clearly point to areas requiring attention in most of the program's major service components, as well as in its administration and management. We therefore consider it appropriate to continue to adopt a self-critical posture that encourages local projects to examine on an on-going basis whether Head Start children and families are in fact receiving the services they require, and whether these services are being provided in the most efficient and economical ways possible.

Furthermore, Head Start policy has consistently emphasized non-duplication of services. The program's commitment to the provision of a full range of developmental services does not imply either that local projects must provide all of these services directly or that they must be paid for out of Head Start resources. While most Head Start projects have been creative and persistent in seeking additional sources of support and in linking children and families with other available community services, efforts in this area are not uniformly vigorous and should be strengthened. Giving due credit for Head Start's success in mobilizing services and other support for low income children and families from a variety of sources, there is ample room for improvement, particularly in the areas of health and social services and services to handicapped children.

Federal Budget Constraints

Head Start has been identified by the President as one of the "social safety net" programs which has been effective in meeting the needs of low income children and their families. While funding for most other social programs has been cut, Head Start's budget was not only exempted from reduction but recommended for a modest increase -- from an FY 1981 operating level of $818 million to a proposed level of approximately $832 million for the current fiscal year.

The Administration, with the support of much of the Congress, is committed to an economic recovery program which, among other things, calls for substantial tax reductions and a concerted effort to eliminate deficit spending by the end of 1984. Given this objective and the difficult requirements that it imposes, it has not been possible to maintain appropriation requests for social programs at the levels anticipated in March of this year. With respect to Head Start this means foregoing the large budget increase originally proposed for FY 1982 (the March request was for $950 million, an increase of $130 million over FY 1981) in favor of a more affordable increase of approximately $13 million. However, we are assuming -- at least for planning purposes -- that a portion of the $130 million increase originally proposed for FY 1982 will be made available in FY 1983 as a "deferred increase". We are also assuming that any increase requested for FY 1983 will be considered as part of the ongoing program operating base and will be sustained during FY 1984.

Emerging Changes in the Federal Role

Planning for Head Start needs to remain sensitive to new perceptions and changes regarding the appropriate role of the federal government vis-a-vis State and local agencies as well as individuals -- specifically, a reemergence of the recognition that the well-being of the public is primarily a responsibility of individuals, families and the communities in which they live. This means that Head Start policy planning and operational activities must be implemented in a manner that is supportive of State and local responsibilities and that helps strengthen the capacity of agencies and organizations at those levels. This does not imply an abdication of legitimate federal responsibilities or the diminution of necessary stewardship functions. It does, however, envision a relationship between the federal government and local Head Start programs that is more in the nature of a partnership. Such a relationship would allow for a greater degree of choice and flexibility on the part of local agencies in determining how best to meet individual community needs, would recognize the value of reducing unnecessarily burdensome federal regulations and would, in general, be less intrusive.

We must also recognize that public sector resources at all levels of government are limited, and that there are social needs which government alone cannot adequately address. Filling this gap requires a renewed emphasis on stimulating the participation of the business community and private and voluntary organizations in addressing social needs, and on promoting the contribution of resources from these sectors.

V. OBJECTIVES AND STRATEGIES

OBJECTIVE I: Maintain and, If Possible, Expand Head Start Enrollment

Discussion

Many low income families cannot, unaided, provide their children with the services and opportunities which are necessary to foster sound growth and development. Moreover, the relationship between poverty and vulnerability in several domains of well-being, and the fact that poor children are at significantly higher developmental risk than non-poor children, is well known: poor children are at a higher risk of illness and have less access to health services; they are more likely to suffer from nutritional deficiencies; and they are more likely to underachieve in school.

Head Start has proven itself effective in addressing these problems. As previously mentioned, available research points to both the short and long-term benefits accruing to low income children and their families as a result of participation in Head Start: improved health status; improved school achievement; improved developmental gains for handicapped children; and improved parental capacity to meet the developmental needs of their children and to contribute to the child's schooling.

Recognizing that Head Start can and does make a material difference in the lives of children from low income families, we believe that a concerted effort should be mounted, within existing budget constraints, to provide enrollment opportunities to as many eligible children as is reasonably possible. Our primary goal over the next three years is to at least maintain current national enrollment in the basic program (i.e., as opposed to summer programs) for children in the categorically eligible three-to-five year old age-range (as opposed to three and under)). Beyond this, it is to explore ways in which the number of eligible children served can be increased above current levels. We propose to pursue this goal in a manner that does not undermine either the comprehensive nature or scope of the program, or that otherwise reduces the quality of the program so as to impair its capacity to produce developmental gains for the children served.

Analysis

The extent to which national enrollment levels can be maintained or expanded is essentially a function of four factors:

- o The Head Start budget -- the amount of funds appropriated for any given year;
- o The quality of the program -- the nature and scope of the services provided;
- o The economies and/or efficiencies which can be achieved in program operations -- the extent to which we buy less of some service or activity (e.g. full-day child care), or can provide a service at a lower cost; and
- o The other (non-Head Start) resources that can be generated -- the extent to which other resources can be identified and employed to help reduce the need to use Head Start funds to meet operating and other expenses.

Two characteristics of these factors are important to recognize. First, they are interactive and, depending on the tradeoffs (policy choices) made, have a direct bearing on enrollment levels. For example, budget increases or savings generated through achieving more economical/efficient modes of operation can be used either to improve program quality, to maintain or expand enrollment, or to do some of both. Second, three of these factors (all except budget) are amenable to direct manipulation at the national and local program levels, i.e., they can be directly influenced by policy choices and actions taken by the national program office and the Head Start grantee community. For example, we can choose to increase or decrease program quality; we can direct efforts toward (and be more or less successful at) stimulating increased utilization of non-Head Start resources; we can try to identify more economical/efficient ways to operate programs; or we can do some of each.

The planning assumptions and policy choices that we are making with respect to these factors, and their affect on our enrollment objectives over the next three years, are summarized in the following tables.

FY 1982

Factor	Planning Assumption/Policy Choice
Head Start Budget	Increased ($13m over FY 1981)
Program Quality	Maintained
Economies/Efficiencies	Increased
Other Resources	Constant*
o Enrollment Objective	o Maintained (at FY'81 level)

FY 1983-1984

Factor	Planning Assumption/Policy Choice
Head Start Budget	Increased (above FY'82 level)**
Program Quality	Maintained (at FY'82 level) or Improved***
Economies/Efficiencies	Increased
Other Resources	Increased
o Enrollment Objective	o Maintained/Possibly Increased

*No assumptions regarding improvement or increase for this factor is explicitly included in Head Start's FY 1982 budget proposal. It is therefore presented here as "constant". However, some efforts to improve in this area will in fact be undertaken in FY 1982, although we are not anticipating any effect on enrollment in this fiscal year.

**Final decisions concerning the FY 1983 budget request have not been reached. However, as previously stated, our planning assumption is that a portion of the $130 million budget increment originally proposed for FY 1982 will be made available during FY 1983 as a "deferred increase". We are also assuming that any increase provided during FY 1983 will be sustained in FY 1984.

***The degree of improvement which can be attained depends, to a large degree, on the magnitude of the budget increase available for FY 1983-1984.

95-358 O—82——13

As indicated in these tables, Head Start policy during FY 1982 will be to maintain both program quality and national enrollment at the previous year's level. This can be accomplished within the requested budget of $832 million by channeling a larger share of available resources toward the support of basic program operations. Among the additional resources that can be channeled in this direction are the anticipated $13 million appropriation increase; a portion of the "discretionary funds" currently used to support activities such as training and technical assistance, and research, demonstration and evaluation activities; and the "savings" that can be achieved through adopting more economical and efficient modes of operation at the local program level.

For the FY 1983-1984 period, it will again be our policy to accord highest priority to maintaining at least current levels of program quality and enrollment. The second priority will be to strengthen program quality in areas where improvements originally planned for FY 1982 had to be deferred due to budget constraints. If FY 1983-1984 budget increases are greater than what may be necessary simply to offset inflation, priority in the use of funds will be given to eliminating the most severe cases of classroom overcrowding and to improving local Head Start staff salaries. Lastly, an effort will be made to expand enrollment through further improvement in the utilization of non-Head Start resources and through the identification of less costly ways to deliver program services.

Effects of Inflation

Inflation, even at the reduced rates anticipated for future years, will continue to diminish the purchasing power of Head Start appropriations. Unless steps are taken to moderate or offset inflationary pressures, the impact on Head Start will be either a reduction in enrollment or a decline in program quality, or possibly both. These effects have in fact been experienced in recent years when funding increases have been insufficient to fully offset inflation.

Having little choice but to meet increased operating costs in areas that are relatively "uncontrollable" (rent, utilities, food and some elements of transportation services) most local programs have had to place stringent limits on the growth of staff salaries and fringe benefits. Many also have had to reduce the number of staff employed or their hours of work. Thus, in one fashion or another, all local Head Start programs have had to take steps to offset inflationary pressures. In some cases the result has been a decrease in hours of service (typically a change from full-day to part-day operations). In other instances local program actions have adversely affected service quality -- resulting, for example, in classroom overcrowding and salary scales that make it very difficult to attract and retain qualified staff. In yet other cases there has been a permanent reduction in the number of children served.

In light of the potential for losses in enrollment and decline in program quality, we believe that provision of "cost-of-living" increases to offset inflation should be given high priority. This means that the allocation of any future budget increases should recognize the need to enable programs to at least maintain current levels of enrollment and service quality before addressing other objectives such as qualitative improvement or expansion of enrollment.

Proposed Policies and Options

This section of the discussion deals more concretely with what can be done to maintain, and possibly increase, Head Start enrollment over the next three years while at the same time maintaining acceptable levels of service quality. It covers internal reallocations of portions of the Head Start budget and the kinds of steps that could be undertaken to achieve both improved operational economies/efficiencies and the increased use of non Head Start resources.

I. Reallocation of Head Start Resources

In order to maintain current levels of enrollment and program quality within the anticipated FY 1982 appropriation of $832 million, we are planning three internal budget reallocations that will increase support to local grantees for the operation of regular Head Start programs. The first two of these will be implemented this year.

- Redirection of Discretionary Resources — For FY 1982 we are planning to redirect a portion of Head Start's discretionary resources to increase financial support for local program operations. Whereas in FY 1981 ACYF allocated $42 million for discretionary activities, we are considering a substantial reduction of our investments in this area and using the resultant savings to provide additional funding for basic program operations. These savings will be derived primarily from reductions in our discretionary expenditures for training and technical assistance (T and TA), and for research, demonstration and evaluation (R, D and E). The reductions will be accomplished primarily in two ways: first, by streamlining and consolidating our T and TA delivery system and better targeting technical assistance resources to meet priority needs; and second, by phasing out R, D and E projects which have accomplished their purposes, by reevaluating the benefits and relevance of existing projects, and where appropriate, by reducing the scale of some of these efforts.

- Completion of the Phase-out of Summer Programs -- While summer programs do provide some tangible benefits, they are too brief to result in sustained developmental gains for children and their families. Consequently, over the past several years, there has been an effort to gradually phase these programs out. We expect to complete this phase-out in FY 1982.

- Conversion of Parent and Child Centers (PCC's) to Regular Head Start Programs — PCC's provide comprehensive developmental services to pregnant women and families with children three years of age and under. While PCC's provide worthwhile and beneficial services to these children and families, they are not directed toward serving Head Start's primary target population, viz., preschool children aged 3-5. As part of our general objective to provide as many enrollment opportunities for low income children in the 3-5 year age range as possible, we are planning to convert PCC's to regular Head Start programs during FY 1983.

It is not our intent to eliminate Head Start services in the thirty seven communities currently served by PCC's. (All existing PCC projects will be provided with an opportunity to convert to regular Head Start programs.) Nor is it our intention to prohibit these projects from offering services to infants and toddlers if such services can be supported exclusively through other (non-Head Start) resources. Given very tight budget constraints, it is difficult, in our view, to justify continuation of PCC projects when so many children in Head Start's primary target group cannot be afforded enrollment opportunities.

However, recognizing that the operational experience of PCC's has involved the development of service approaches which may be effective and potentially applicable to other child and family programs, consideration will be given to capturing and disseminating that experience as part of a new "technology transfer" project — the Child and Family Development Demonstration Program — which ACYF has proposed launching in FY 1982. Drawing upon Head Start models such as PCC's, the Child and Family Resource Program (CFRP)* as well as other high quality family-oriented child development programs, this project will identify, refine and disseminate effective approaches to serving low income families with children through age eight. Its principal purpose will be the identification and development of community-based child and family programs of creative design that lend themselves to ongoing local support.

2. Promoting Economies and Efficiencies in Local Program Operations

There are a number of possible policy decisions and initiatives which can be undertaken by the national program office to encourage more economical and efficient operations at the local program level. They range from actions which are highly directive to approaches which rely more on local initiative and creativity. Several of these can be implemented in the near term; others could be implemented during FY 1983-1984 upon completion of further developmental work. Some will need further discussion and exploration of their merits.

- o Limiting the Duration of Program Operations — In order to achieve some of the savings that will be needed in FY 1982 to maintain current levels of program quality and enrollment, we are planning to restrict Head Start support for full-year, full-day programs so that funds are available only for program operations whose duration is approximately 6 hours per day and 8 months per year. This policy would principally affect those Head Start programs currently operating on a full-year, full-day basis.** It would not reduce support for the approximately 80 percent of Head Start programs that operate on a part-day basis — typically 4 hours per day for center based programs.

*The CFRP demonstration program is scheduled to conclude in FY 1983. FY 1982 is the final year of funding for these projects.

**Because of their unique circumstances, programs serving children from migrant families would be exempted from this policy.

The intent of this policy is not to prohibit local projects from maintaining longer periods of service if they can be provided using other sources of support. It would, however, preclude the use of Head Start funds for full-day activities that exceed what is required to provide children with a developmental educational experience. This policy would continue to recognize the comprehensive developmental nature of Head Start, and would maintain the program of services that are by law required to be provided to Head Start children and their families. However, it would cut back Head Start support for full-day child care. Given a constrained budget, we believe that it is preferable to reduce hours and days of operation rather than to lose enrollment.

The potential savings which could be achieved by this type of policy action are significant. For example, we estimate that if all full-day, full-year projects funded during the second half of FY 1982 were to reduce operations supported by Head Start funds to 8 months per year, the yield in terms of Head Start funds that could be redirected, would be approximately $10 million. If these same projects, which currently operate for an average of 8.3 hours daily, were to reduce the length of their program day by 2 hours the yield would be an additional $4 million.*

While not uniformly the case, it should also be noted that the capacity of many local programs to provide full-year, full-day services is due to historical funding patterns which may not have been equitable. As a consequence, some programs have been able to provide and maintain extended services and others have not.

- Limiting Per-Child Costs in "High Cost" Grantees. There is currently great variation among grantees in the "Head Start-funded" cost-per-child both across States and within each State. To take an extreme example, in FY 1981 it cost Head Start about $1,900 to serve a child in Connecticut, while in neighboring New York it cost over $3,300. Likewise, there are significant differences even within the same State: In North Carolina the Head Start funded cost-per-child ranges from a low of $1,400 to a high of $2,230; in Florida it varies from $1,640 to $2,220.

  Although we can identify possible reasons for these disparities (e.g., differing local operating environments, program designs, amounts of non-Head Start support, etc.), we cannot confidently judge whether they are warranted. On the face of it, however, cost differences are in some instances extreme and their appropriateness open to question. One policy option which warrants exploration is the feasibility of setting some ceiling on the Head Start-funded cost-per-child.

*On an annualized basis, the total amount that would be saved during FY 1983 as a result of these actions is estimated at $31 million.

The following is an illustration of the steps that would be involved in implementing such a policy:

1. Negotiate the program design and budget changes needed to bring all grantees exceeding program duration ceilings (e.g., 6 hours per day and 8 months per year) into these limits, as discussed above under "Limiting the Duration of Program Operations". (Savings resulting from these changes could be used to expand enrollment, to maintain program quality or transferred to other Head Start programs.)

2. Once this type of "standardization" has been achieved, projects which continue to have high per-child costs would be identified. High cost projects could be defined as those with annual Head Start per-child costs which exceed average costs in other programs by some percentage -- for example, costs which exceed 125 percent of average State costs, or costs which exceed 125 percent of average costs for similar programs (e.g. a national or regional comparison could be made of large urban programs, small rural programs, etc.).

3. Grantees identified as operating high-cost programs would be given an opportunity to reduce costs to the specified limit -- in this example, 125 percent of the State-wide average cost-per-child.

4. If a high-cost project was unable or unwilling to reduce costs, sponsorship of the program would be openly competed.

5. If another organization were able to demonstrate that it could provide Head Start services of acceptable quality for lower costs, it would be awarded the grant.

   The original grantee could also compete for the award and, if no other group proved capable of providing services at lower costs, it would continue to be funded.

Another option -- a variant of the approach described above -- is to conduct an in-depth case-by-case analysis of "high cost" programs and attempt to negotiate program design, staffing and other changes that would reduce overall costs. This option would substitute a negotiating process for the actions outlined in steps 3, 4 and 5 above. If successful, such negotiations would result in an agreement concerning overall cost-per-child that is mutually satisfactory to the federal government and the local Head Start grantee.

The setting of cost limits is an issue which will require further thought and analysis before policies such as those described above can be implemented. We propose to pursue further analytic work in this area during the coming year in order to determine how such limitations can be set on an empirical basis.

- Consolidation of Small Grantees -- Another action which may be taken to achieve more efficient use of available resources is to work collaboratively

with selected clusters of grantees toward consolidating their operations. Efforts to effect consolidation would be directed toward those local programs which are geographically proximate, which have a commonality of interest, and which are serving relatively small number of children. The approach to implementing this objective would involve ACYF regional offices working with local programs to determine whether consolidation with other (or another) programs would result in improved economy of operation, such as reducing transportation costs through the operation of one integrated transportation system; achieving savings through bulk purchase of supplies and maintenance services, or reducing administrative costs. The intent behind Head Start efforts along these lines would be to determine, in collaboration with the local programs potentially affected, whether it might be in their best interests to consolidate their operations --where it appears to be feasible, offers practical advantages and is acceptable to the communities involved.

- Development of Staffing and Guidelines -- Personnel costs constitute about 75 percent of local Head Start operating expenses. It is therefore an area that may offer significant potential for savings.

  Developmental work should be directed toward formulating staffing "guidelines" that would specify (within some range) the numbers and types of staff required to operate programs of various sizes and characteristics. For example, they would specify the staffing pattern required to operate a rural Head Start program providing 130,000 hours of child care (i.e., a rural center-based program serving 200 children, four hours per day, for 160 days per year), or to operate a much larger urban program providing 800,000 hours of child care, or any number of program sizes and operating contexts which are prevalent. The guidelines would also need to address, for various types of staff, the numbers of "person-hours" of employment per "child-hour" of service -- for example, the number of teacher and teacher aide hours required per child-hour of service, the number of component coordinator hours, the number of hours of administrative staff time, etc.*

  Estimates of acceptable ranges for staffing complements could be developed on an empirical basis, using existing Head Start programs which are providing good quality services at moderate costs. In addition, we would recommend an examination of the findings from the National Day Care

*Program costs for personnel are a function not only of the number of staff and their hours of work but also of salary (and fringe benefit) levels. Therefore if staffing guidelines are to be maximally useful in assessing the overall reasonableness of program costs, a clear and explicit policy regarding Head Start salary levels would need to be applied -- for example, would we be willing to allow programs to pay wages comparable to prevailing rates of pay for other similar jobs in the community and if so, what jobs would be considered "comparable"? How would qualifications be taken into account? Depending on the policies adopted, a program with a staffing complement which falls within the ranges specified in these guidelines could nevertheless be relatively expensive -- for example a program paying "prevailing wages" and employing teachers and other staff at salaries specified in union contracts.

Study* for their potential utility in identifying ways in which child/staff ratios may be relaxed without impairing service quality -- for example, setting child/staff ratios on a center basis (as opposed to a classroom or group basis) in order to allow for a reduction of the number of caregivers required to be with a group of children during activity periods not requiring a low child/staff ratio.

The guidelines envisioned in this recommendation could be used by local programs as bench marks against which to assess the reasonableness of their existing staffing patterns. They could also be used by ACYF regional staff as a basis for identifying programs that appear to be either too high or too low in terms of the number and types of staff-hours budgeted. Programs falling outside the ranges specified in these guidelines could then be reviewed more intensively to determine whether local circumstances warrant deviation.

- Develop and Transfer Cost Analysis Technology -- Techniques for monitoring and assessing the costs of child care services have already been developed and demonstrated through a project undertaken by OHDS -- "Analyzing Costs in Human Services Programs". This technology can be adapted for application in Head Start programs, thus providing local Head Start directors with a set of relatively easy-to-use tools for examining the actual costs associated with various components of their programs. They could also be used to identify areas where greater efficiencies may be possible and to guide budget formulation.

  Specifically, cost analysis procedures and data can provide local Head Start program managers with:

  - Clear financial definitions of the program's activities
  - A means of estimating the cost consequences of expanding or contracting any service and the related impact on other services within the existing program.
  - An aid for examining and evaluating the utilization of staff time.
  - A way of measuring the results of the program by a common denominator.

*Although we are suggesting that the National Day Care Study findings may have applicability to Head Start, there are several caveats which should be emphasized. While similar in some respects, Head Start is not day care; Head Start and day care differ in fundamental purpose and in the nature and scope of services required to be provided. Head Start and other high quality child care programs have a distinctly developmental purpose; most ordinary day care programs are intended primarily as substitute care while parents are at work or otherwise unable to care for their children. Moreover, Head Start is required to serve at least 10 percent handicapped children (including severely and multiply-handicapped children); there is no such requirement for day care programs.

We believe that cost analysis technology has potential for widespread application in Head Start. In an era of increased concern about costs, the use of this technology in Head Start would improve local capacity in both financial planning and resource management.

- o Other Activities -- In addition to the recommendations described above, there are several other projects related to costs that we believe are both potentially useful and feasible to undertake over the next three years.

  -- A project could be undertaken to identify, describe and disseminate information on high quality programs in the low-to-moderate cost range. Among Head Start's 1,260 local grantees, there are many examples of programs that are providing services in accordance with Head Start standards and guidelines and that have been able, through a variety of means, to hold costs down.

  The operating characteristics and other features of these programs should be described in a series of in-depth case studies and made available to other programs for possible replication.

  -- Many Head Start programs are dependent upon the use of vans and buses to transport children to and from their centers. The rising costs of these transportation services, especially during the past several years, has been of concern to both grantees and ACYF regional offices.

  OHDS has recently completed a major transportation initiative which addressed most of the major cost factors associated with transportation services -- insurance, vehicle purchase and amortization, staff salaries, maintenance and fuel. We believe that what has been learned as a result of this initiative can be applied to Head Start. Specifically, we recommend the implementation of a management improvement initiative aimed at reducing transportation costs through shared ownership of vehicles, use of volunteer bus monitors, route restructuring, improved maintenance and replacement programs, and access to insurance at state-approved school rates.

  -- Head Start does not currently have a reliable, on-going system for obtaining the type of information about local program costs that is necessary for national planning and budgeting. Existing cost information (for example, line-item budget information from grantee applications, quarterly financial statements, annual audit reports and cost information gathered as a by-product of studies intended for other purposes) is typically of very limited value. As a consequence, our capacity to examine questions which have significant implications for program planning and budget policy is critically impaired. For example, we cannot estimate with precision how much is actually spent on individual service components; how many staff are employed in various occupational categories or their salaries and hours of work, or what impact inflation has had on local expenses. Consequently, Head Start has no suitable way of examining the relationship between program costs and service quality.

To remedy this deficiency, we recommend the implementation of an on-going project to collect and analyze cost data from a nationally representative sample of local programs.

— Lastly, some thought should be given to the type of budgetary, personnel and program design information to be included in grant applications. The information currently provided in the standard application package is essentially inadequate as a basis for Head Start regional office judgments concerning the adequacy and reasonableness of funding requests. We believe that a significantly more informative and detailed application should be required, at least every three to four years.

3. Increasing the Utilization of Non-Head Start Resources

This section briefly discusses some of the actions that can be taken over the next several years to stimulate the contribution of public and private resources in support of local Head Start programs.

Efforts to increase utilization of other resources are not new to Head Start and a considerable degree of success has already been demonstrated by the program nationally. For example, data for the operating year ending in June 1980 show that:

— Head Start projects were successful in utilizing Medicaid/EPSDT to pay for the medical screening of 80 percent of the children enrolled in Medicaid; for the medical treatment of 85 percent of these children; for the dental examination of 59 percent and for the dental treatment of 82 percent.

— 90 percent of Head Start projects applied for and received reimbursement for food and food service costs from USDA. (This is believed to be close to 100 percent for the program year ending in June 1981.)

— 16 percent of all Head Start staff were paid in full or in part from sources other than Head Start grant funds.

— 55 percent of Head Start handicapped children received special services from other agencies or individuals.

— On average, for every 100 children enrolled in Head Start, 64 parents provided volunteer services to the program at least once during the program operating year.

— 37 percent of Head Start families received social services from other social service agencies as a direct result of Head Start referrals.

Encouraging as these statistics are, it should be noted that they are national averages and that they mask very significant variations among local programs — some programs make extensive use of other sources of support while others report relatively little. We believe that increased attention

needs to be given to this area, placing equal emphasis on both public, and private and voluntary sector sources. Among the actions currently planned or under consideration are the following.

- Remphasize Existing Policy on Head Start Resources as the "Dollar of Last Resort" -- Existing reports make it possible to identify Head Start programs that may require assistance in utilizing other community resources. Increased attention on the part of ACYF regional offices* should be given to assessing the reasons why particular programs are having difficulty in this area and to working with these programs toward improvement. As appropriate, regional office efforts should be directed toward facilitating communication and collaboration between local Head Start programs and the State and local agency officials who have responsibility for child and family services in these communities.

  In addition, the national program office is considering the issuance of a reminder to all programs that it is Head Start policy to avoid duplication of services where such services are available from other sources, and that Head Start funds are to be used as the "dollar of last resort". This policy can be reinforced and its implementation promoted through more careful regional office scrutiny of grantee representations concerning in-kind contributions of time, effort and resources as well as review of letters of commitment and contractual agreements.

- Increase Volunteer Efforts -- The use of volunteers is a required component in all Head Start programs. Volunteer or contributed services account for most of the required 20 percent non-federal match and thus constitute a significant portion of local operating budgets.

  The volunteer force utilized by Head Start is varied -- it includes high school and college students, senior citizens, nurses, doctors, dentists, parents of Head Start children and many others. Volunteers participate on a variety of committees and councils, assist with health examinations, provide transportation, assist with food service, accompany children on field trips, help with repair and renovation of facilities and serve as classroom aides. Where necessary, local Head Start programs provide orientation and special training for these volunteers, particularly classroom volunteers.

*As used in this paper, the term "regional offices" encompasses both ACYF units in each of the ten DHHS regions as well as the Indian and Migrant Programs Division (IMPD) at the ACYF national office level.

Recognizing that public sector resources at all levels of government are limited, we believe that renewed emphasis should be given to building on Head Start's success in this area and to further intensifying Head Start efforts to secure voluntary contributions of services and other resources.

Several near-term initiatives could be undertaken to assist local programs in this area:

- Senior Citizens -- ACYF has recently consummated an interagency agreement with ACTION to provide approximately 600 senior citizen volunteers in selected Head Start communities across the country. This is a collaborative demonstration project intended to explore the feasibility of utilizing Foster Grandparent (FG) and Retired Senior Volunteer Program (RSVP) volunteers in a variety of capacities in Head Start. This initiative holds promise for making significant numbers of senior volunteers available to local Head Start programs and will be closely monitored during FY 1982 to determine its overall effectiveness and to identify any operational problems. Assuming that this initial effort proves successful, consideration should be given to replicating it on a broader scale during FY 1983 and 1984.

- Youth -- Like senior citizens, youth represent a largely untapped resource that could be utilized by Head Start. We believe that the number of youth volunteers now serving in local Head Start programs can be substantially increased, and that a demonstration effort to explore this potential should be undertaken.

  In addition to providing useful assistance to local programs, such an initiative could provide training and educational opportunities for youth to help prepare them for future careers and for their later roles as parents. It could provide opportunities for students to gain practical experience in the child development field and in the operation and management of public social service programs. If such experiences were considered a part of their studies, high school students could be allowed course credit for their participation.

- Other Private and Voluntary Organizations -- Some effort, at least exploratory, should be directed toward investigating the potential for contributions of volunteer services and other resources by corporations, voluntary organizations and foundations. This is an area that has been relatively neglected at the national program level and about which much more needs to be learned.

  Two actions are being considered: first, at the national program level contacts could be initiated with major foundations, associations representing the business community and organizations of volunteer agencies both to determine their

interests and to explore ways in which they may participate. Large business enterprises, for example, may be able to assist by encouraging the donation of services from retired employees who have special skills that could be useful to Head Start -- bookkeepers, accountants, attorneys, tradesmen, etc. Likewise, foundations and other organizations receiving support from large-scale national fund-raising compaigns (e.g. United Way) may be interested in providing financial assistance to local Head Start programs, perhaps for specific services and activities like services for handicapped children.

Second, an information development and dissemination initiative could be undertaken to identify local programs which have been successful in eliciting support from private and voluntary sector sources. These "success stories" could be described and made available as a way of encouraging other programs to undertake similar efforts, and to share the practical "how-to" aspects of resource development.

OBJECTIVE 2: Improve Program Quality

Discussion

Improving the quality of Head Start is a major ACYF objective for the next three years. Our interest in this aspect of the program derives from a recognition, based on available research and evaluation studies, that the quality of child care programs has a significant influence on the extent to which poor and handicapped children realize developmental gains. It is also based on a realization, founded on our experience over the past sixteen years, that Head Start can serve as a model for other preschool and early childhood education programs. We therefore consider the improvement of Head Start program quality a continuing responsibility that warrants the investment of both staff and financial resources.

The initiatives we are planning to undertake are targeted on both remediating known deficiencies and, to the extent possible, further contributing to the state of the art in child care practice. Assuming an increase in funding for FY 1983-1984, our energies will be directed toward implementing the program improvement policies originally outlined in our FY 1982 budget proposal and toward restructuring Head Start's training and technical assistance delivery system (discussed in the succeeding section). Beyond these efforts, we will accord priority to the continuation of important projects currently underway and, resources permitting, to undertaking new initiatives that can contribute to further improvements in Head Start.

Proposed Policies and Options

This section discusses the major policies and activities that ACYF is proposing to implement to strengthen Head Start program quality. The degree of progress that can be achieved in the first two of these -- reducing class size and increasing staff salaries -- is highly dependent on the level of the national Head Start budget.

1. Reducing Class Size

Unfortunately, over the past twelve years there has been a gradual increase in Head Start class size. During 1968-1970, the average class size was 15 to 16 children; by 1980 class size had increased to approximately 19 children. The most recent available data, covering the 1979-1980 school year, show a substantial number of local programs with average enrollments in excess of twenty children. Nationally, one third of all classes have 20 or more enrollees. These classes contain 40 percent of all Head Start children. Seven percent of Head Start children are served in classes which have 30 or more enrollees.

Research evidence supports the view that there is a correlation between class size and child outcomes. Specifically, large class sizes, especially when accompanied by high staff/child ratios, do little to promote learning and other developmental outcomes. The National Day Care Study (Abt, 1978) emphasized the importance of group size to child outcomes. The study found that smaller groups were consistently associated with better care, more socially active children and higher gains on two developmental tests. Likewise, the Summary of National Evaluations of Head Start, 1966-69 (L. Datta, 1979) showed the importance of small group activities to children's gains in cognitive ability, school readiness and the ability to learn new tasks.

Head Start policy has consistently emphasized the importance of staff/child ratios and class size as two of the determinants of the quality of care provided to children. There has always been an attempt to provide small classes and small group activities within classrooms in order to provide a favorable environment in which children can learn. The inclusion of handicapped children in Head Start classrooms makes the need for small group size even more compelling.

We believe that the quality of the learning environment which Head Start provides for children can be materially improved through the elimination of overcrowding in classrooms. Assuming the availability of sufficient resources in FY 1983-1984, our plan is to carefully target funds among existing local programs so as to eliminate at least the most serious instances of overcrowding. Increased funding would be made available to local programs on a selective basis to add both classroom facilities and the teaching staff necessary to operate them.

2. Increasing Head Start Staff Salaries

The provision of salary increases for Head Start teachers, classroom aides and other personnel will continue to be a high ACYF priority for the next three years. Despite very tight budget constraints, both in FY 1982 and possibly in the future, ACYF plans to direct as large a portion of available funds as possible toward improving Head Start wages. First consideration will be given to providing salary adjustments needed to offset inflation. Beyond this -- and assuming sufficient budget increases in FY 1983-1984 -- our intention is to target salary improvement funds among Head Start programs in a manner that gives priority to those whose wage scales are lowest in relation to other comparable jobs in the localities served.

Head Start salaries have been historically low both in absolute terms and in comparison to wages paid in comparable jobs in the community. This situation has worsened in recent years as inflationary price increases have exceeded salary increases and therefore reduced the purchasing power of staff salaries. For example, we estimated that in 1980 nearly half of Head Start employees earned annual wages below $6,280 which was the federal poverty line for a family of three. Head Start teacher salaries for 1980 were estimated to be under $7,000. These low salary levels have resulted in reduced ability to attract and retain skilled teaching staff.

Annual staff turnover in Head Start has increased from an estimated 15 percent in 1972 to over 20 percent at present. In some localities, and for some categories of staff, the incidence of staff leaving Head Start is much higher. A survey of programs in Kentucky revealed an average staff turnover of 33 percent. In the Boston region, there was a 50 percent turnover among Head Start directors in 1979. In almost all cases the principal reasons for leaving Head Start employment included inadequate compensation in comparison with school systems or other employment. Low Head Start salaries not only contribute to high staff turnovers, they also discourage competent people from applying for Head Start positions.

Moreover, the annual loss of significant numbers of Head Start staff not only affects program quality, it is also costly. Head Start has invested millions of dollars over the past few years for the training, assessment and credentialling of caregivers through the Child Development Associate (CDA) program. During this past year alone the level of investment in CDA activities exceeded $7m. The loss of trained and experienced teaching staff at a relatively high rate is costly in terms of this training investment.

3. Performance Indicators

The Head Start Performance Indicators initiative is a major management and performance improvement project designed to enable program managers at the federal and local levels to assess Head Start performance, to identify particular programmatic areas in need of special attention, and to undertake actions that would result in enhancing service quality.

The Performance Indicators identify key dimensions of local program performance and service quality which can be measured objectively, are results-oriented in nature, and include program services and activities. While they are not comprehensive of all of the major components and service areas of Head Start, and assess some areas more thoroughly than others, they do effectively measure many important aspects of program performance, for example: medical and dental services, the use of Medicaid/EPSDT services, class size, the ratio of classroom staff to children and the ratio of home visitors to home-based children, the number of classroom staff with CDA credentials or early childhood education degrees, and the extent to which parents volunteer in the program and work as staff.

The program information produced by the Indicators project is quantitative, and comparable across programs and over time. In addition to national, regional

and State-level reports, the Indicators project produces grantee-specific profiles that enable local programs to compare their performance with that of others in their region. These profiles also enable ACYF regional officials and Head Start training and technical assistance providers to pinpoint areas requiring improvement and to establish resource allocation priorities.

An important accomplishment of this project has been the setting of performance improvement goals in specific programmatic areas, and the initiation of efforts -- on the part of grantees, training and technical assistance providers, and ACYF regional offices -- to move the Head Start program in the direction of these goals. Information will be available shortly on the progress which Head Start has made toward achieving the program improvement goals set for the 1980-1981 program year.

We believe this project is a significant undertaking that can contribute to achieving concrete, measurable improvements in Head Start. It has built up a substantial amount of momentum and credibility in the Head Start community and a sense of ownership of the project has begun to emerge. We plan to continue this effort over the coming years as part of our overall strategy to improve Head Start program quality.

4. Other Activities

In addition to the proposals described above, there are several other project ideas that we believe have merit.

-- Consideration should be given to intensifying program activities directed at parent and family involvement, with special emphasis on parent education.

Head Start has done much to promote the view that parents are the single most important influence on the learning and development of their own children. Notwithstanding an inspiring early record in promoting parent involvement, Head Start's operational follow-through has tailed off in recent years. The only major new resource materials to foster the parents' role in child development are Exploring Parenting and the Getting Involved series. Although important contributions to the field, only a minority of Head Start parents are likely to participate in training using these materials during the coming year.

We believe that parent training in child development is a prime candidate for renewed emphasis and that an expansion of local Head Start program activity in this area should be encouraged.

-- At present, the majority of Head Start classes lack staff who have the qualifications required to work effectively with young children in a developmental child care setting. Fewer than one quarter of Head Start teachers possess either a CDA credential, or a BA or other advanced degree in early childhood development or education.

One approach for addressing this deficiency is to encourage the establishment of specific regional or State goals for increasing the proportion of Head Start teachers who have these qualifications. The goals would be developed by local programs in collaboration with their training and technical assistance providers, and would be accompanied by action plans specifying the steps that would be taken to attain them. To be feasible, these plans would need to adopt a multi-year implementation schedule and reflect a balanced mix of training and recruitment activities at the local program level. Annual improvement targets could be established and progress toward achieving them monitored on a state or region-wide basis.

— Head Start is currently working on the development of Child Development Associate (CDA) competencies for four categories of child care staff: home visitors, infant caregivers, caregivers working in family day care homes and child care staff working with handicapped children. The project builds on Head Start's experience in the formulation of the original CDA competencies which pertained to staff working with preschool children in center-based settings.

Like its predecessor, this new CDA initiative is intended to have widespread application not only in Head Start but also in other child care programs -- day care, nursery schools, and other developmental preschool programs. It is an effort that can result in improved patterns of service and is expected to be of interest to State and local officials with responsibility for children's services.

The competencies developed through this effort should be widely disseminated both to service agencies and to colleges and universities that provide courses of study in early childhood development and education. This could be accomplished through the training and technical assistance network we are propsoing to establish, through various of public and private agencies in the child care field and through professional organizations.

OBJECTIVE 3: Improve and Streamline the Delivery of Training and Technical Assistance

Discussion

The Head Start training and technical assistance (T and TA) program is a support service provided to local project staff to help them manage and deliver Head Start services. It is essentially a capacity-building activity whose purpose is to assist grantees in their efforts to provide services that meet the qualitative standards expected of Head Start.

T and TA program activities cover all of Head Start's substantive service components, as well as administration and management. They are by design directed toward both classroom and non-classroom staff (e.g., Head Start directors,

95-358 O—82——14

component specialists, coordinators of volunteer services, financial management staff, etc.). Assistance is provided through college-based training, through on-site consultation, and through other forms of pre-service and in-service training. For the most part, college level training is targeted on teaching staff to help them acquire the skills needed to work with young children in a developmental classroom setting. This type of training is based on the Child Development Associate (CDA) competencies developed by ACYF several years ago, and is made available to Head Start staff (as well as to others) through more than 350 universities and community colleges throughout the country. Approximately 7,000 Head Start employees are currently receiving CDA training.

The T and TA program also provides technical consultation and training to home-based programs, to programs serving large members of bilingual/bicultural children and to staff who are responsible for recruiting and providing special services to the handicapped. In addition, the program has been the principal source of technical support for various experimental and demonstration projects undertaken by Head Start (including, for example, the Child and Family Resource Program (CFRP), Project Developmental Continuity (PDC) and the Basic Educational Skills (BES) project) and for the dissemination and replication of the service approaches developed by these projects. Overall, an estimated 150,000 Head Start staff, parents and volunteers receive some form of training or technical assistance annually.

Head Start T and TA resources, which amounted to $27.4 million* in FY 1981, are used to carry out five major functions. These functions and the approximate levels of investment associated with each are as follows**:

- o Compliance monitoring ($2m) -- This activity consists of in-depth, on-site reviews of grantee operations to assess compliance with Head Start performance standards and administrative requirements.

- o Remedial assistance ($13m) -- This includes activities whose purpose is to help local programs remedy deficiencies identified as a result of self-assessments and on-site monitoring. It addresses both service components as well as administration and management.

- o Training ($6m) -- This is primarily CDA training for classroom staff; however, some training is also provided for other staff enrolled in college degree programs and for non-classroom staff such as directors and other supervisory staff.

*In addition to the $25 million specifically labelled "Head Start T and TA" in the FY 1981 budget, $2.4 million is allocated for the support of fifteen Resource Access Projects (RAPs). These projects provide assistance to local programs in recruiting and serving handicapped children and in the training of staff who work with these children.

**Functional categories do not add to $27.4 million because of rounding and omission of miscellaneous items.

- Assessment and credentialling of CDAs ($1.6m) -- This includes activities required to implement the CDA Credential Award System. The purpose of this system is to determine whether CDA candidates possess and can demonstrate the competencies required for working with young children.

- Special emphasis projects ($4m) -- This covers three types of special support projects: fifteen RAPs; seven Home-Based Training Centers which provide technical consultation to local programs on the operation of home-based programs; and four Bilingual/Bicultural Resource Centers to assist grantees with large bilingual/bicultural enrollments in meeting the linguistic and other special needs of these children.

Analysis

Beginning in FY 1982, ACYF plans to make significant changes in the structure of the Head Start T and TA delivery system and in the manner in which T and TA services are provided. Although we recognize that the current system has, over the years, made a major contribution to preserving and promoting Head Start service quality, we believe that there is considerable room for improvement. We also believe that the advantages and benefits to be derived from changing existing practices far outweigh the costs of whatever temporary difficulties may be encountered. These, of course, we will do our best to minimize.

Our rationale for effecting change is fourfold. First, the only practical way we can maintain current levels of T and TA service output and preserve vital functions is by significantly streamlining the delivery system.

The allocation for T and TA has remained essentially level at $27.4m since FY 1979. However, the purchasing power of these resources, like the rest of the Head Start budget, has been eroded by inflation. Expressed in FY 1979 dollars, $27.4 million will in FY 1982 be worth approximately $19.6 million. Moreover, as explained earlier, our proposed budget policy for FY 1982 will further reduce the T and TA allocation -- i.e., we propose to reallocate a portion of the available $27.4 million in order to increase the level of financial support for local Head Start program operations. Clearly, if we are to protect vital activities and continue to maintain a credible level of technical support for local Head Start programs, we must find a way to get more mileage out of each T and TA dollar. We propose to accomplish this, in large part, by streamling the existing delivery system.

Second, we do not believe that the existing T and TA system is as responsive to local Head Start program needs as it could and should be. We hold this opinion because most of the key decisions concerning resource allocation and priorities are made essentially at the federal level, the level farthest from the intended beneficiaries of T and TA services -- the local grantees. While not uninformed, federal level determinations concerning such questions as the levels of T and TA investments needed in various service components, the amounts to be spent for additional compliance monitoring vs. addressing known deficiencies, and the amounts to be allotted for CDA training vs. other forms of technical assistance are, of necessity, based on general estimates of national and regional needs. We believe that federal-level decisions concerning these types of issues are often suboptimal, i.e., they do not make the best use of available resources nor are they as responsive to actual grantee needs as they might be. T and TA

resources would be more effectively targeted if resource allocation decisions and priorities were better informed by what grantees actually need. Progress toward this end can be achieved through further decentralization of decision making.

Third, we believe that change is warranted because the existing T and TA delivery system has become overly complex and difficult to manage. The current delivery system is a tangled mixture of national contracts and interagency agreements, region-wide contracts, state-wide grants and contracts, grants to "clusters" of local Head Start programs and grants to individual programs.

The complexity of the delivery system is illustrated by the financing mechanisms used by ACYF regional offices to provide "general technical assistance." Three basic approaches are used: (1) contracts; (2) direct funding of individual grantees to enable them to purchase their own T and TA; and (3) grants to intermediary T and TA providers. Seven ACYF regional offices use all three approaches; three regions use two. The provision of CDA training is another example. The delivery system consists of: five region-wide contracts; twenty-eight state-wide contracts; twelve grants to "clusters" of Head Start programs; and 318 grants to individual programs -- a total of over 350 separate funding arrangements.

More importantly, and apart from the administrative and management burden at the federal level, local grantees are faced with having to deal separately with each of several different T and TA providers for different types of assistance. These include both T and TA providers funded by ACYF regional offices as well as T and TA providers funded from Washington -- Resource Access Projects; Home-Based Training Centers; Bilingual/Bicultural Resource Centers; and T and TA providers covering medical and dental services.

Fourth, the current T and TA delivery system relies heavily on the use of contractors. We believe that this needs to be changed. There are several reasons: (1) contract services, because of high overhead rates, are somewhat more expensive than what it would cost to provide similar assistance through grants or cooperative agreements; (2) the federal contract procurement process is very lengthy, burdensome and insufficiently flexible. Modifying a contract to meet changing circumstances can, and often does, take months to accomplish; and (3) T and TA contracts funded out of the national office sometimes do not meet regional office needs. ACYF regional offices have consistently complained about the insufficiency of T and TA for health services.

Moreover, the conduct of on-site compliance reviews relies extensively on the use of contractors and consultants. Approximately $2m is spent each year on contracts to assist regional office staff in carrying out this activity. We believe that compliance monitoring is essentially a federal stewardship responsibility and should be carried out directly and exclusively by federal staff. The purpose of compliance reviews is not technical assistance. Rather, it is to determine whether local programs are meeting the programmatic and administrative standards to which they must adhere as a condition for funding. Extensive use of contractors and consultants gives the appearance that this function is being delegated to non-federal personnel.

Proposed Policies and Options

We believe that a modified T and TA delivery system -- if it is to be an improvement over what we currently have -- must embody several essential characteristics:

- o It must preserve T and TA functions which are vital to the continued success and improvement of Head Start programs. Among these functions we would include: CDA training and assessment; assistance to grantees in identifying and correcting both programmatic and management deficiencies; assistance to local programs in effecting linkages with other child and family service agencies; and support to grantees for the provision of services to children with special requirements.

- o It must be considerably more decentralized. Among other things this means: allotting a much larger share of available T and TA resources for programming at the ACYF regional office level as opposed to the national office (the split is currently 34 percent national and 66 percent regional); and the establishment of a network of State-wide or sub-State T and TA providers linked together and coordinated on a regional basis.

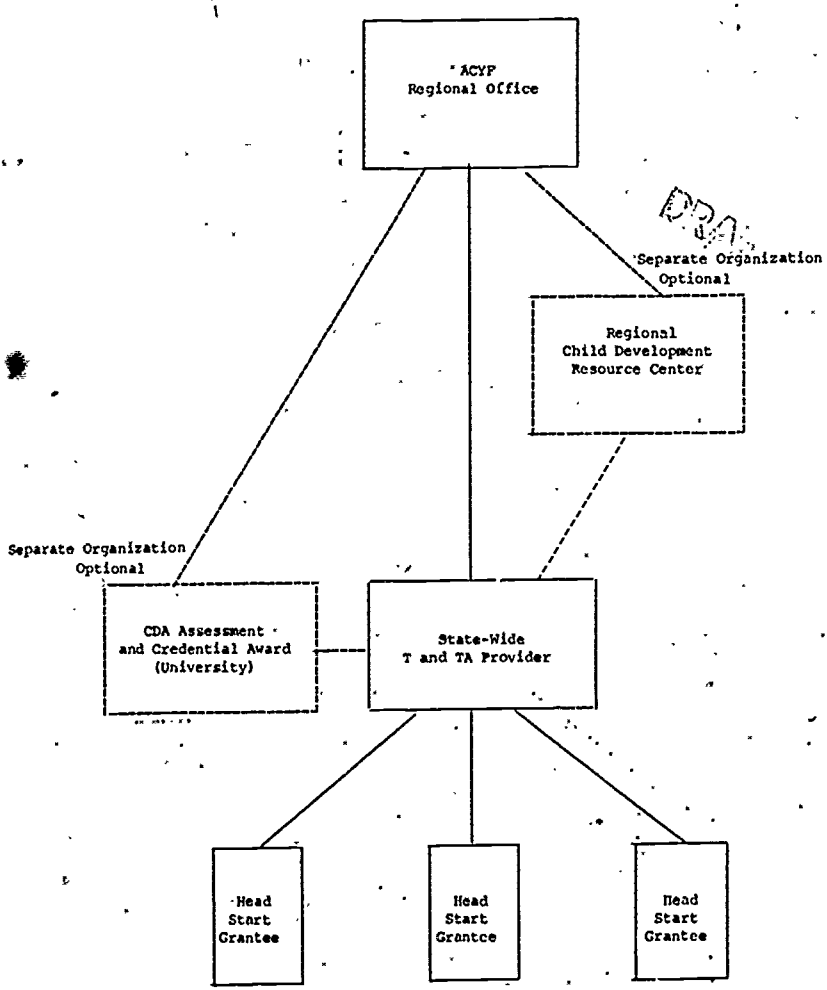
- o It must be more accountable to the Head Start grantee community and responsive to its needs. This can be accomplished in several ways: through employing a "bottom-up" approach to identifying needs and setting priorities; through the utilization of peer reviews to identify strengths and weaknesses in local program operations and to share experiences; and through an approach to T and TA planning that emphasizes collaboration among grantees, T and TA providers and regional offices, and promotes the sharing of information.

- o It must be flexible. This translates essentially into the use of grants and cooperative agreements as the funding mechanisms of choice. Unlike contracts, these mechanisms make it much easier for T and TA providers to adapt work plans to meet changing needs and priorities.

- o It must be stable. This means that there must be a reasonable commitment to retain, on an on-going basis, those T and TA providers who are doing a good job and who have earned the confidence of the programs they serve.

The figure on the following page depicts the basic structure of the T and TA delivery system we propose to implement. Our plan is to establish a State-wide*

*This is a general model that may not be appropriate for every State or federal region. Depending on local circumstances, it may be more practical to establish two or possibly three sub-State T and TA providers. Alternatively, it may be desirable in some ACYF regions to establish a multi-State structure in which one T and TA provider would serve several States.


ACYF
Regional Office
Separate Organization
Optional
Regional
Child Development
Resource Center
Separate Organization
Optional
CDA Assessment
and Credential Award
(University)
State-Wide
T and TA Provider
Head
Start
Grantee
Head
Start
Grantee
Head
Start
Grantee

T and TA provider in each State that would be responsible for both general T and TA and CDA training. The State-wide provider would be funded directly by the ACYF regional office and would make T and TA services available to each grantee in the State in accordance with a plan developed collaboratively with these grantees, and discussed with ACYF regional officials. Depending on the capabilities of the T and TA provider and the resources available in the State, either or both general T and TA and CDA training could be supplied directly or made available through arrangements with other agencies and organizations. However, since there are currently over 350 universities and community colleges providing CDA-type training, we anticipate that State-wide T and TA providers will want to utilize this network. Likewise, we anticipate that for some of the expertise needed to provide T and TA in particular component areas, State T and TA providers would call upon other organizations, both public and private.

The new T and TA delivery system must also have the capacity to assess and credential CDA candidates. Currently, this function is carried out under a national contract. Under the proposed new system, this activity would be carried out through separate arrangements in each State. We are considering two options regarding how to proceed: direct regional office funding of a separate organization (in all likelihood a university) to perform this function in each State on a state-wide basis; or allowing the State-wide T and TA provider to carry out this responsibility, either directly or through arrangements with an appropriate university. Regardless of which of these two options is finally selected, our principal objectives will be to preserve the basic integrity of the procedures which have been developed for assessing and credentialling CDA candidates, and to avoid any disruption of current capacity to assess and credential these candidates.

Another issue which we will need to consider is "quality control". More specifically, how to ensure that the universities that will be carrying out the assessment and credentialling function have the staff expertise and other resources necessary to perform these assessments well and to maintain rigorous standards. One suggestion that we are considering is to utilize a national body, broadly representative of the child development/child care field, to review and accredit all universities that wish to participate in CDA candidate assessments. Under this proposal, accreditation for the purpose of evaluating CDA candidates would be required regardless of which of the two funding options mentioned above was selected.

Lastly, consideration is being given to establishing a number of Child Development Resource Centers in various locations throughout the country. The purpose of these Resource Centers would be to provide specialized technical consultation to the State-wide T and TA providers on those substantive areas currently addressed by RAPs, Home-Based Training Centers, and the Bilingual/Bicultural Resource Centers. These centers would also be responsible for disseminating information to state T and TA providers on current research findings in the child development/child care field, on innovative program models and service linkage systems which may have applicability to Head Start and other child care programs, and on a number of other issues pertaining to child and family services. They would also serve as a mechanism for linking state-wide T and TA providers on a region-wide basis and for sharing ideas and experiences.

If established, these Child Development Resource Centers would obviate the need for the twenty-six highly specialized resource centers currently in operation, thus resulting in a considerable saving of Head Start T and TA resources.

OBJECTIVE 4: Strengthen Head Start's Relationship with Other Public, Private and Voluntary Agencies and Organizations

Discussion

While unique in many respects, it is important to recognize that Head Start is but one of many programs concerned with children and families. Within the localities served by Head Start there are typically a number of other agencies and organizations -- public, private and voluntary -- whose interests extend to target population groups similar to Head Start's and who have key roles to play. Our system for the provision of services to children and families is a diverse and pluralistic one -- concern for children and families and responsibility for meeting their needs is shared among many groups and organizations. Public agencies and private providers of service both have important and complementary functions to perform. These agencies and organizations represent the resource base and the community of interest that can be brought to bear on meeting the needs of low income children and families. We believe it is essential for Head Start to strengthen its links with this network.

We hold this view for a number of reasons. First, we recognize that the development of children is a continuous process, that the needs of low income families are multiple and often interrelated, and that a variety of goods, services and supportive assistance are required in order to promote healthy development and family stability. Head Start cannot meet all of these needs -- the program currently serves only a fraction of the children and families who are eligible and who might benefit from participation and, furthermore, generally provides for only one year of service. In order for children and families to continue to have access to services after they leave Head Start, effective linkages with other agencies and resources (schools, community health services, social service agencies, agencies serving handicapped children, etc.) are essential and should be encouraged and strengthened. Moreover, Head Start is not specifically designed to address the other forms of assistance which many participating families may require: job training and counselling, adult education, full-day day care, emergency and homemaker services, health services for other family members, personal counselling, etc. Improved linkages and collaborative arrangements with other service providers would further strengthen Head Start's capacity to help families secure these additional needed services and would underscore Head Start's orientation as a family-focused, non-categorical program.

In order for there to be an incentive for collaboration and linkage, we believe that such arrangements must be viewed as a two-way street whereby both Head Start and other community service agencies can derive mutual benefit. In this vein, Head Start should consider how it can be of assistance to other child and family service organizations. For example, Head Start programs can be of help to county and city social service agencies by affording enrollment opportunities for children with special needs who may be identified by these agencies (e.g. neglected

children, children in danger of abuse, children in foster care, children from particularly stressful homes). Head Start could serve as a resource for agencies and organizations operating day care programs by sharing information and experience concerning program models, parent education and parent involvement techniques, ways of serving handicapped children in a mainstream setting, on-the-job training for primary caregivers, and transportation services. Head Start programs could also assist other human service agencies by participating in cross-service assessments of community needs, by participating in public information campaigns and by serving as a source of referrals for persons requiring other community services.

Proposed Policies and Options

Over the next three years ACYF's efforts to strengthen Head Start's relationships with other public, private and voluntary agencies will be channeled in two distinct but complementary directions: (1) efforts directed at the development of collaborative agreements between Head Start and other state and local agencies; and (2) the implementation of demonstration and technology transfer projects dealing with service linkage.

1. Collaborative Agreements with State and Local Agencies

Children and families who are enrolled in Head Start are typically also categorically eligible for a number of services administered by government agencies at the State and local level. Of particular relevance to Head Start are health services (medical, dental and mental health), services for handicapped children and social services. Head Start efforts should be directed toward the development of specific agreements with State and local government officials concerning the provision of these types of services to Head Start children and families -- where such agreements do not exist and are needed. As appropriate, these agreements should be either State or community-wide (i.e. city or county wide) in their scope and application. A successful effort along these lines was undertaken a number of years ago with respect to Medicaid/EPSDT. The agreements that were reached resulted in a noticeable improvement in the level of Medicaid/EPSDT services provided to Head Start children. These agreements should be re-examined and, if they have fallen into disuse, reaffirmed. Where useful, agreements should also be extended to cover services for handicapped children and social services.

Another area where collaborative arrangements would be useful is day care, particularly day care funded under the Social Services Block Grant (SSBG) program. We estimate that up to 40 percent of Head Start children are from families in which the parents are working or in job training programs. Because the vast majority of Head Start programs operate on a part-day basis, these parents are confronted with the need to find alternative child care for that portion of the day in which their children are not in Head Start. Moreover, many of these parents also require day care for both older and younger siblings.

In order to examine how this need can be addressed, consideration should be given to implementing a project that will identify and document the day care arrangements currently in use in a selection of communities with part-day Head

Start programs and with jointly funded Head Start - SSBG programs. Although formal collaborative arrangements with day care programs have never been explicitly promoted through Head Start policy, such arrangements have evolved as a result of practical necessity. We believe that some may have features that are novel and potentially replicable on a broader scale.

Another area where collaborative arrangements should be encouraged is caregiver training. Many local universities and community colleges require students majoring in early childhood development or education to complete a practicum involving direct work experience in a child care setting. Nearby Head Start programs could collaborate with schools offering courses in this field by making their facilities available to these students. In return these colleges and universities might be willing to provide free or reduced cost training for a specified number of Head Start teachers and teacher aides. Agreements of this type may be attractive to both parties. They would also enable Head Start to stretch the already strained resources which are available for training.

2. Demonstration and Technology Transfer Projects

Beginning in FY. 1982, Head Start plans to undertake a number of demonstration and technology transfer projects designed to strengthen linkages between Head Start programs and other public, private and voluntary agencies in the same communities. Initiatives are planned for the areas of health services, education and social services. The objectives of the health project include improving access to health services by low income families; improving local Head Start program capabilities in linking Head Start children to ongoing community based health care programs; and developing linkage system models that more effectively connect Head Start with other child development programs, public health agencies, Medicaid/EPSDT, Title V programs, dental programs, and mental health clinics.

The purpose of the education project is to demonstrate and document effective linkages between Head Start and local school systems. A primary focus of this effort will be the implementation of a developmentally appropriate sequenced curriculum for children from preschool through the early elementary grades. Project activities will include collaboration between Head Start and public elementary school staff in the development of approaches to education which emphasize continuity in children's learning environment and experiences. The project will involve parent participation, the sharing of curriculum materials among Head Start grantees and local schools, the establishment of teacher exchange and visiting programs and special "transition planning" for handicapped children. The models identified and developed through this project will subsequently be made available to all Head Start programs and other providers of preschool child care services.

In a related effort, ACYF is also planning a broad information dissemination project that will make available to Head Start programs across the country the education and school system linkage models developed through the Basic Educational Skills (BES) program. BES pilot projects, which have been in operation in sixteen Head Start communities, have implemented a variety of

educational strategies to help young children acquire age-appropriate learning skills: the development of curricula that promote an understanding of language, number concepts and other basic educational skills; the training of teachers and aides to become more effective in helping children acquire these skills; working with parents to help them plan supportive learning experiences in the home; and the establishment of collaborative arrangements with schools to ensure continuity of curriculum and parent involvement as the child moves from Head Start into the elementary grades. The educational models developed by these BES projects will be documented and shared with other Head Start programs, with school systems and with other preschool child development programs.*

Like the health and education initiatives, the emphasis in the social services project will also be on improving linkages. Its purpose will be to explore how local Head Start programs can establish effective working relationships with state and local governmental agencies as well as with private social service organizations. Improved linkages with these services systems would enable Head Start children and families to continue to have access to needed social services after they leave Head Start, and would strengthen Head Start's capacity to help families secure those additional services that local programs cannot themselves provide (e.g. job training, counselling and referral; adult health and mental health services; etc.). We also anticipate that improved linkages between Head Start and community social service agencies will be of help in meeting the need for emergency assistance and services in times of family crisis.

Lastly, and as already mentioned, we expect that the social service linkage project will demonstrate ways in which Head Start can be of help to county and city agencies in their efforts to address the broader social service needs of the communities that they serve.

OBJECTIVE 5: Improve the Administration and Management of Head Start

Discussion

Efforts to improve federal administration and management of the Head Start program will be directed toward the simplification of Head Start regulations, the reduction of grantee reporting burden and the implementation of program assessment procedures that place more emphasis on program improvement than regulatory compliance. Federal administration of Head Start will more explicitly recognize that local Head Start programs are both able and committed to delivering high quality services to the children and families that they enroll. Consequently, the federal role will continue to emphasize assistance to grantees in support of their own efforts to improve the quality of local programs. In pursuing our shared commitment to strengthening Head Start services, the relationship between the federal government and Head Start grantees will be in the nature of a partnership in which officials at both levels have mutually supportive roles to play.

*FY 1981 was the final year of funding for the BES demonstration projects.

The following proposed actions are intended to accomplish these ends. They are also designed to strengthen lines of communication between ACYF and the Head Start community.

Proposed Policies and Actions

1. Review and Streamline Regulations and Requirements

ACYF has already initiated a review of Head Start regulations and policies to determine how regulatory burden can be reduced. Guided by regulatory principles established by the Secretary of the Department of Health and Human Services, the review will encompass regulations covering program administration, performance standards, the selection and termination of grantees and participant eligibility. The basic thrust of Head Start regulations reform will be to insure that the regulations adhere closely to the requirements of the statute and that they are limited to those areas considered essential to the administration and operation of the Head Start program. This effort will result in the elimination of some rules, revision of others, and the possible addition of new rules, where appropriate.

As part of this regulatory reform process, ACYF expects to identify a number of areas in which guidance or suggestion is a more appropriate vehicle than regulation or policy for supporting grantee activities. As an overall trend we are proposing to move from regulation and compliance enforcement toward guidance and suggestion. Of equal importance, we will work to insure that our regulatory, enforcement and guidance efforts are internally consistent and complement one another as an integrated whole.

Representatives of the Head Start community will have an opportunity to comment on issues under consideration. Further, any regulatory changes proposed by ACYF will be published in the Federal Register as a Notice of Proposed Rulemaking for public comment.

2. Compliance Monitoring and Program Assessment

Beginning in FY 1982, ACYF regional offices will no longer be required to conduct full-scale on-site compliance reviews of a fixed percentage of Head Start programs annually. Further, we will no longer require on-site monitoring reviews to be "comprehensive" in scope. Rather, these reviews may be restricted to particular service components or particular aspects of program administration and management. Based on experience in working with specific grantees and on the information available from both routine reports and from T and TA providers, ACYF regional offices may be selective in determining what is most useful to review.

As already mentioned, it is our belief that compliance monitoring is a direct federal stewardship responsibility which should be conducted by ACYF officials. Consequently, to the extent that on-site compliance reviews are conducted, they will be undertaken by federal staff without the aide of consultants or contract staff.

With respect to general program assessment activities, we plan to rely more heavily on our T and TA delivery system to determine strengths and weaknesses in local program operations. In cooperation with T and TA providers we will encourage the conduct of peer reviews as a mechanism to provide on-site feedback to grantees on the quality of their programs. Peer reviews will provide an opportunity for staff from one grantee to review the program of another grantee -- not to establish compliance -- but rather to identify exemplary practices, to point out areas in need of improvement and to share ideas for further strengthening program operations.

3. Streamline and Integrate Reporting Systems

In an effort to both reduce reporting burden and make better use of the information ACYF is collecting from grantees, existing Head Start data collection systems will be streamlined and integrated. Beginning in FY 1982 we will consolidate the Head Start Program Information Report (PIR) and the Handicapped Survey. The Handicapped Survey will be incorporated into the year-end PIR and the information required to be reported will be significantly reduced. The information collected through these two previously separate instruments will now be combined into one system. Information on program characteristics and performance levels will be provided to federal officials and grantees in one integrated analytic report.

Action has already been taken to make use of the Self-Assesment/Validation Instrument (SAVI) voluntary on the part of grantees. This instrument is currently under revision to reflect this change. In addition, we anticipate changing the requirement for an annual independent CPA audit of program expenditures to a biannual requirement, except in cases where there is a history of financial management difficulties.

During FY 1982, OHDS will be installing a new mini-computer system at both national and regional office levels. We intend to explore the feasibility of using the equipment to implement a Head Start Management Information System to record, report and analyze important information about Head Start operations in each State. The information would be used to assist grantees and T and TA providers, as well as federal staff, to pinpoint problems and identify State trends relating to program characteristics, performance and costs.

4. Improve Communication with the Head Start Community

ACYF will continue to consult regularly with the Head Start community as we revise regulations and policy, streamline and integrate reporting systems, implement a new approach to both compliance monitoring and program quality review, and implement the new T and TA delivery system. ACYF national and regional offices will communicate with the National Head Start Association and the various State and regional associations to elicit ideas and recommendations on both policy and operations and to help us review and evaluate the effectiveness of our efforts. We have already begun this consultative process and plan to continue and strengthen it in the future.

5. State and Regionally-Oriented Research and Evaluation

Head Start research and evaluation has been directed, almost exclusively, toward projects intended to be national in scope and potential application. This is appropriate for some purposes. However, an exclusively national focus precludes consideration of research and evaluation projects of more limited scope that nevertheless may be very useful to more locally-oriented audiences. For example, it may be of considerable utility to grantees and T and TA providers in a particular State to assess how effectively various aspects of the Head Start program are working in that area (e.g., how effectively are health services provided; are programs utilizing State Medicaid/EPSDT resources fully; what arrangements are working parents whose children are enrolled in part-day programs making for child care services during the remainder of the day; what kinds of linkages and joint funding arrangements are in effect between Head Start and SSBG day care?). R and E findings on these kinds of State-specific questions could be shared with State and local officials who may be of assistance to Head Start in meeting the needs of children and families whom they serve.

We believe that R and E projects oriented to questions of particular interest and relevance to State and regional audiences should be encouraged. We will take steps to stimulate the submission of project ideas along these lines.

VI. CONCLUSION

This paper has provided an overview of ACYF's current thinking concerning directions for Head Start over the next three years. In it we have articulated and discussed five major objectives that we consider both worthwhile and feasible to pursue. For each of these objectives we have also identified a series of policies, options and actions that can be implemented to attain them. Many of these can be undertaken in the near term; others were identified as requiring further exploration and development.

We recognize that the directions we have proposed will be challenging and will require a willingness to approach issues in ways that may be somewhat novel. We also recognize that those objectives dealing with enrollment and the improvement of program quality -- are highly dependent upon the availability of additional resources. The degree of progress that can be achieved in these areas, and the time frame within which it occurs, will be largely determined by future budget decisions. However, assuming that the requisite resources do become available, we believe that what has been described is achievable. We also believe that the successful implementation of the objectives and policies proposed can have a significant and beneficial impact on the Head Start program and the children and families it serves.

Assuming full implementation of this agenda, what major impacts do we anticipate? First, the Head Start program, despite a constrained budget, would

continue to serve at least 370,000 low income children each year, and would provide an opportunity for these children to receive services that materially improve the quality of their lives. Moreover -- and depending on the extent of both the Head Start and non-Head Start resources that can be made available, and the success achieved in adopting more economical modes of operation -- our service capacity could be extended to several thousand additional children and families whom we are now unable to reach.

During a period of inflation and severe budget contraints, a demonstration by Head Start of its capability to increase the return on the investment of scarce public funds would be a credit to the program. Such an accomplishment would not go unnoticed by policy-makers at all levels of government and would serve to elevate Head Start as a model for what can be done in other human service programs.

Second, we will have made significant improvements in important aspects of Head Start program operations -- the elimination of overcrowded classes; and improvements in Head Start's ability to attract and retain qualified and experienced staff. These improvements will enable Head Start to maintain the standards of service quality that have come to be expected and that are directly related to developmental gains for children.

Third, we will have put into operation a streamlined T and TA delivery system that continues to meet critical technical support and training needs in all priority areas. Moreover, it will be a system that is less costly, better tailored to meet the individual requirements and characteristics of Head Start programs in each State, and generally more responsive to locally determined needs.

Finally, the implementation of our agenda will strengthen Head Start's capacity to meet the needs of children and their families both while they are in the program and after they have left. The forging of more effective links with other community organizations that have key roles to play in addressing human service needs will enable Head Start families to secure those additional services which Head Start itself is not designed to provide. Moreover, the establishment of linkages with a broader array of other service organizations would underscore Head Start's orientation as a non-categorical program and its interest in working with others toward improving the lives of poor families generally.

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
COMMITTEE ON EDUCATION AND LABOR
SUBCOMMITTEE ON HUMAN RESOURCES
ROOM 2178, RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515

March 25, 1982

Clarence Hodges
Commissioner
Administration on Children,
Youth and Families
400 6th Street, S.W.
Washington, DC 20201

Dear Mr. Hodges:

During the Subcommittee on Human Resources hearing on the policy paper, "Head Start: Directions for the Next Three Years," Congressman Andrews requested that you and/or your staff prepare written answers to some of the questions he had. As you are aware, the hearing record closes after thirty days and that time is fast approaching. The record is still open and we hope to receive your response to Congressman Andrews' questions as soon as possible.

Sincerely,

Gordon A. Raley

Gordon A. Raley
Staff Director

cc: Chuck Keefer

GAR:sla

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
COMMITTEE ON EDUCATION AND LABOR
SUBCOMMITTEE ON HUMAN RESOURCES
ROOM 2178, RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515

April 7, 1982

Clatence Hodges
Commissioner
Administration on Children
Youth and Families
400 6th Street, S.W.
Washington, DC 20201

Dear Mr. Hodges:

In reference to my letter of March 25, 1982, requesting written answers to questions pertinent to the Subcommittee's oversight hearing on "Head Start: Directions for the Next Three Years", I was contacted by Mr. Kieffer who said the Administration was unaware of any unanswered questions which remain outstanding. I was under the impression that Mr. Kieffer had received a packet of questions which included Question 7, an answer to which was promised. In addition, there were other instances for which you agreed to submit written responses later for the record. For the sake of the record, and in fairness to the Administration, let me restate those items for you. We will leave the record open until April 30, 1982, in order to give you ample time to reply.

The first item occurs on page 40 of the transcript. It concerns the question of how the Administration arrived at the figure of 125% of project cost that the Administration was proposing that all "high cost" grantees be held to or face re-competition. On page 40, Chairman Andrews said:

> Unless you can offer us some evidence to support how you arrived at the figure of 125 percent, I would certainly suggest that you review and, at some point, be able to assure that your final figure is in fact adequate in amount to accomplish what you just said.

Your response was, "We will do that . . . . So, very definitely, we will follow through with that recommendation." The questions would then seem to be:

1. What evidence do you have to indicate how you arrived at the figure of 125 percent?

2. What assurance do you have that limiting grantees to 125% of an average cost will not decrease salaries, decrease the number of teachers, or increase the teacher-pupil ratio of those grantees?

ERIC Full Text Provided by ERIC

86-358 O—82——15

The next item, the aforementioned Question 7, concerns the Administration's statement on page 17 of the policy paper that it intended to reemphasize the "existing" policy on Head Start resources as the "dollar of last resort." On page 43 of the transcript, Chairman Andrews asked what the source of this existing policy was. He asked if it was stated anywhere in the law or its legislative history. He asked how long this policy had been in effect and exactly what the Administration had done as a result of this policy. Ms. Hardy said she would have to look back and you said, "We will identify it specifically." The questions then would be:

1. What is the source of the Administration's "existing policy" of Head Start dollars being a dollar of last resort?

2. Is that policy stated anywhere in the law or legislative history? If so, please identify those occurrences specifically?

3. How long has this "existing policy" been in effect?

4. What has the Administration done as a result of this policy?

The last item pertains to an interchange between you and Congressman Miller. Congressman Miller asserted that the budget cuts from the President's originally requested $950 million, coupled with cuts to other supportive programs such as CETA, nutrition programs, Medicaid and Title XX, were actually causing a decline in Head Start and that the program would not be able to maintain its present level of service with regard to existing performance standards. You stated that "We have been assured that it can be by the program directors and staff persons involved, right there on the cutting edge of the Head Start program." You went further, "they have assured us that they can maintain the standards."

Mr. Miller then asked you to cite for the Committee those communications and those program directors. You said you could not but could submit it. Later, you promised to secure hard evidence. The questions then are:

1. Which specific program directors and staff have assured you that they can maintain services with regard to existing performance standards in light of the budget impact on Head Start and other supportive programs?

2. What hard evidence do you have that this is the position of the program directors as a whole?

Chairman Andrews also invited you and Assistant Secretary Hardy, at your discretion, to supplement your answers to any other questions that were asked. I am enclosing a packet of those questions for your information. Again, it was my impression that Mr. Kieffer had such a packet and certainly apologize if that was not the case. I am also enclosing those pertinent pages of the transcripts in which references are made to requested information.

Thank you for your assistance. We look forward to your answers.

Sincerely,

Gordon A. Raley

Gordon A. Raley
Staff Director

cc: Congressman George Miller
Dorcus Hardy
Chuck Kieffer

GAR:sim

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development Services

Administration for
Children, Youth and Families
Washington DC 20201

MAY 3 - 2

MAY 04 198

Mr. Gordon A. Raley, Staff Director
Subcommittee on Human Resources
Committee on Education and Labor
House of Representatives
Rayburn House Office Building, Room 2178
Washington, D.C. 20515

Dear Mr. Raley:

I wish to thank you for your letter of April 7, 1982 which provides us the opportunity to elaborate on and clarify several issues which were raised during the recent oversight hearing on the draft Head Start "strategy paper" formally titled "Head Start: Directions for the Next Three Years". I regret whatever confusion caused your questions to not reach me earlier.

Since your letter was written, a number of decisions have been reached by Secretary Schweiker, Assistant Secretary Hardy, and me on issues which were raised in the strategy paper. The policy decisions which have been reached are that:

- Summer Head Start programs will be phased out and converted to regular Head Start programs.
- The Child Development Associate (CDA) candidate assessment and credentialling program will be continued as a national system. After an initial period of direct grant support, the organization which will be funded to continue this effort will be expected to become self-sustaining and independent.
- Support for full-year, full-day Head Start programs will be continued.
- Parent and Child Centers (PCCs) will continue and not be converted to regular Head Start programs.
- Steps will not be taken to "consolidate" small Head Start grantees.
- Costs in "high-cost" grantees will not be limited to a predetermined maximum cost per

child, but efforts will continue to make all programs more cost effective to aid in maintaining or expanding current enrollment.

This set of decisions reflects the Department's and the Administration's continuing support for Head Start as a highly successful Federal program which is improving the lives of hundreds of thousands of vulnerable and needy children and their families. These decisions enable a number of special Head Start services to continue, such as Parent and Child Center projects which serve younger children and their families. In continuing this type of activity we recognize that Head Start is meeting a variety of special needs through projects selected and strongly endorsed by local communities.

In addition, there are a number of areas where steps have already been, or are being, taken to implement important activities identified in the strategy paper. Several activities will be implemented through demonstration projects solicited through an HDS-wide Federal Register Announcement. Examples of these include: the development and transfer of cost analysis technology; projects to increase the utilization of volunteers, including senior citizens, youth and the voluntary and private sectors; and demonstration and technology transfer efforts to improve Head Start linkages with other resources in the areas of health, education and social services. Other important activities identified in the strategy paper are being implemented through direct action by ACYF staff. Examples of these include: reducing Head Start classroom overcrowding and increasing low staff salaries through the targeted use of the FY 1982 budget increase; the review of Head Start regulations; improving federal compliance monitoring practices; and reducing the grantee recordkeeping and reporting burden.

These decisions and activities will enable us to make progress toward goals which we have set for Head Start and which were articulated in the strategy paper, namely:

- o Maintaining and, if possible, increasing Head Start enrollment;
- o Improving program quality;
- o Improving and streamlining the delivery of training and technical assistance;

- o Strengthening Head Start's relationship with other public, private and voluntary agencies and organizations; and

- o Improving administration and management

With this background in mind, I would like to discuss the specific areas you mention in your letter. Regarding the limiting of costs in "high-cost" grantees, you ask how we arrived at a proposal to limit per-child costs to 125 percent of the average costs in similar programs. The 125 percent limitation was presented in the strategy paper as an example of an approach that could have been followed. The 125 percent figure was illustrative and was not derived analytically.

There was another option presented in the strategy paper regarding "high-cost" grantees. It called for conducting in-depth, case-by-case analysis of programs which appear to be "high-cost" and then negotiating appropriate program design, staffing and other changes. It is this approach we have now decided to pursue as a more reasonable and flexible way of improving cost effectiveness in programs. Through this effort we will use materials and protocols currently being developed to identify and effect changes-in-situations where funds can be redirected to assist projects in complying with Performance Standards or expanding enrollment. We will seek to identify cost efficiencies in all grantees, not only those with high annual per child spending levels. The cost efficiencies we hope to achieve will be directed toward addressing problems of program quality, including making needed improvements in staffing levels or staff salaries, or toward expanding enrollment.

Concerning another issue, you inquire about the basis for the policy that Head Start resources be used as the "dollar of last resort". This has been a concept followed by Head Start from its inception. A 1967 Office of Economic Opportunity manual, "Head Start: A Manual of Policies and Instructions", states:

> Every Head Start program must explore and utilize the help and services available from other federal, state, and local agencies, to supplement the funds provided by the Community Action Program of the Office of Economic Opportunity.

In current Head Start Program Performance Standards, regulations which were issued in 1975, there is guidance regarding steps which programs must take to arrange for or provide for medical services which states:

> The program should coordinate and supplement existing resources for health care of children; it should not duplicate them. When existing service programs do not meet (Head Start) standards...funds may be used to supplement the existing services and bring them to standard. Only if existing services cannot be modified should new services be arranged or purchased.

The concept of making maximum use of other community resources was included by Congress in the Head Start Act when the program was reauthorized as part of the Omnibus Reconciliation Act of 1981. A section (Section 642, P.L. 97-35) was added which states:

> ...a Head Start agency must...establish procedures to seek reimbursement, to the extent feasible, from other agencies for services for which any such other agency is responsible, which are provided to a Head Start participant...

Our mention in the strategy paper of using Head Start funds as "the dollar of last resort" was in the context of continuing and strengthening Head Start's long-standing efforts to make the greatest use possible of other resources which are available to Head Start children and programs, so that the maximum number of children can be reached by Head Start. As in the past, our efforts to support this policy are carried out through technical assistance activities and as part of the normal review of program operations conducted by ACYF regional offices as they refund Head Start grants.

The final issue you raise in your letter concerns the basis for my contention that Head Start programs can maintain current levels of quality and compliance with our performance standards. There is no hard evidence of what will happen to Head Start centers in the future due to future funding cuts, as no one knows the future funding levels or exactly how each state will use block grant funds of present and proposed blocks. I have travelled and met Head Start directors during my

brief time as Commissioner. These directors have been positive about the present and future. I do not want to take their statements out of context or state in a formal way what was not stated for that purpose. I will, however, share just a few comments that are intended only to show that I have found Head Start directors to be positive about the quality of their programs in spite of cuts they may already have felt.

LESLIE WILLIAMS, Head Start Director, Barre, Vermont: Enrollment has been maintained and quality is possibly higher than two years ago which was before an emphasis on the home-based option was initiated.

BETTY H. WALKER, Head Start Director, Jasper, Georgia: The cuts in other programs have affected this program, but "my main concern is the poverty income guidelines". She states that a single parent with one child cannot make the minimum wage and be eligible for her child to receive Head Start services. Ms. Walker has served as director since the beginning of Head Start in 1965.

KENNETH W. OLDHAM, Head Start Director, Milwaukee, Wisconsin: There has been no significant change in this program. Indirectly, some adjustments will be made due to reductions in food and supportive health programs. He has suggested an integration of Head Start classroom resources with day care resources in a way that could protect Head Start's uniqueness and quality.

SYGRID CAUDLE, Director, Parent and Child Center, Washington, D.C.: She is now identifying and utilizing new resources and increasing linkages with other programs. She indicates it will not be easy but quality will definitely be maintained.

Based on my talks with scores of Head Start directors at state conferences and other gatherings, I personally feel confident that enrollment and quality will be maintained and I would even predict improvements in a number of areas. However, we will monitor any potential problems closely, seek periodic reports and conduct various types of reviews in order to assess and predict possible adverse impacts.

On your final point, the invitation to supplement our answers to the committee's questions which were provided during the hearing, a few of the questions in the packet you provided require elaboration beyond the information which I have provided above:

- Question No. 6, on the impact of reductions in non-Head Start resources, is discussed in a paper which is attached.

- Question No. 11, on compliance monitoring, has two follow-up questions which require answers. First, new Federal staff will not be needed to carry on compliance monitoring, and there will therefore be no additional cost. Monitoring will be conducted by existing Federal staff, supported from time to time by experts such as state day care licensing officials or the staff of other Head Start programs. Second, we are not planning to stop monitoring compliance. In fact, monitoring is a major objective in each ACYF Regional Office's FY 1982 operational plan.

- Question No. 12, on eliminating regulations, asks a number of specific questions about our plans to streamline Head Start regulations. The current regulations are being reviewed. Any proposed changes would first be published in the Federal Register for public comment. The reference to "guidance and suggestion" in the Head Start strategy paper is to procedural matters which may presently be cited in regulations but which could be conveyed more appropriately as guidance, in order to provide some flexibility in the way in which projects deliver services or meet administrative requirements. The basic service or administrative requirements contained in current Head Start regulations would be maintained. Guidance material has not been printed in the Federal Register and we do not plan to do so in the future.

I would again like to thank you for this opportunity to discuss our plans for Head Start. Please let me know if we can provide additional information.

Sincerely,

Clarence E. Hodges
Commissioner

Attachment

Attachment

The Effect on Head Start of Budget Reductions in other Federal Programs

This paper discusses possible effects on Head Start of budget reductions in the Title XX Social Services program, the CETA program, Medicaid and EPSDT, the Community Services Administration, and the USDA's Child Care Food Program. The Reagan Administration has demonstrated its strong and continuing commitment to Head Start by requesting, in a time of severe Federal budget restraint, that funding for Head Start be maintained in FY 1983 at the full FY 1982 level. We expect that local Head Start projects will be able to fully continue current levels of quality and enrollment in FY 1983. We are hopeful that they will be able to offset whatever marginal losses might occur in the various ancillary sources of support discussed below by making more effective use of their current resources or by obtaining increased local support.

- Based on data from local projects, we estimate that in FY 1981 some two hundred Head Start programs supplemented their activities through the use of $10.2 million in Title XX funds. In fiscal years 1982 and 1983, Title XX funds will continue to be available to states through the Social Services Block Grant. In FY 1981 the Title XX appropriation was $2.99 billion and the FY 1983 budget request for the Social Services Block Grant is $1.97 billion. If this reduction were to be shared proportionately by Head Start projects, it could result in a loss of about $3.5 million to Head Start. It should be noted, however, that if these losses occur, they would not necessarily impair the operation of Head Start. Most of the Title XX funds received by Head Start projects are used to provide extended hours of child care for working parents. While the reduction of day care or other social services might represent a loss to the families involved, these services would not necessarily need to be replaced to continue basic Head Start services.

- Last year we estimated that, if the growth of CETA continued unchecked, Head Start projects in FY 1982 would employ CETA-paid workers whose wages totaled $26.9 million. We do not believe this level was reached because the public services portion of the CETA program through which Head Start benefited was phased out during FY 1981. We believe CETA's contribution to Head Start peaked in FY 1980 at approximately $22 million when some 4,400 CETA workers aided Head Start projects. Head Start projects have accommodated themselves to losses of essential CETA workers by rebudgeting the funds available to them or by obtaining additional resources. Since the loss to Head Start has already occured, there should be no additional impact in FY 1983. Although CETA paid workers provided useful services, some did not provide essential services and

Head Start projects did not necessarily have to replace all lost CETA workers. We do not believe that the loss of $22 million in CETA support resulted in a loss in services to Head Start children equivalent to the full $22 million.

- We are not able to provide reliable budget estimates of the impact that projected changes in funding for Medicaid and EPSDT will have on Head Start in fiscal years 1982 and 1983. Making such estimates is difficult because states administer the Medicaid/EPSDT program and have responsibility for establishing guidelines for fee schedules, eligibility, and the range of services provided. There are indications that a number of states may exercise the option they now have of limiting Medicaid/EPSDT services only to those who are categorically eligible instead of to all children in the broader medically needy category. However, to date the impact has been minimal. Only one of the 34 states that were extending Medicaid/EPSDT to the medically needy in 1981 have restricted services to children who are categorically eligible. We estimate that 320 Head Start enrollees are affected and services equal to approximately $32,000 have been lost. To the extent that further changes such as this occur, families served by Head Start may not be able to receive as many medical services through Medicaid/EPSDT. If parents are unable to meet higher medical costs for Head Start children, local Head Start programs may need to increase their spending in this area to assure that enrolled children receive the full range of health services required by Head Start.

- An estimated $15 million to $20 million in Community Services Administration funding to local Community Action Agencies (CAAs) was used in FY 1981 for administrative support to Head Start projects. Although funding for CAAs has been cut in FY 1982 and further cuts are proposed for FY 1983, states have the flexibility through the Community Services Block Grant to continue supporting CAAs, including those that operate Head Start projects. We expect that Head Start will incur some additional costs, which we cannot reliably estimate, as a result of reduced CAA funding.

- We estimate that in FY 1982 Head Start grantees will receive reimbursement for food of approximately $84 million through the USDA's Child Care Food Program. The budget authority for the Child Care Food Program fell from $290.5 million in FY 1981 to $276.9 million in FY 1982, a decrease of 5%. We believe Head Start programs shared in this reduction, losing approximately $4 million in nutrition services between FY 1981 and FY 1982. For FY 1983, it is proposed that the Child Care Food Program be supplanted by a new General Nutrition Assistance Grant to the states which could be used for any child nutrition program or activities a state desires to fund. It is not possible to accurately predict the extent to which states may elect to continue supporting Head Start nutrition services. Some losses are possible, however, because FY 1983 funding for the General Nutrition Assistance Grants would be $483 million, whereas the programs it supplants (the Child Care Food, School Breakfast and Summer Food Service programs) are funded for $673 million in FY 1982.

~~CITY COUNCIL OF PILOT STATION~~ Concerned Parents
Y-K Parent Child Program
Pilot Station, Ak. 99650

Pilot Station, Alaska 99650

Dear Honorable Don Young

With this letter, as parents of pre-school age children here in Pilot Station, we would like to make you aware of our serious concern for the Y/K Parent Child Program, a unique and innovative program stressing parent/child interaction in early childhood education. The program has been operated here by Rural C.A.P. for the last 5 years and has been extremely successful, promoting a greater awareness of the importance of parents roles as children's first teachers and providing parents with much valuable information on nutrition, preventative health care, the problems of child abuse and alcoholism, etc.

We feel that the program is vitally helpful and important, especially in the way it focuses on parent involvement and responsibility in pre-school teaching, discouraging parents from relying solely on established educational institutions to do their work for them as is unfortunately often done.

The kindergarden teachers here at our L.Y.S.D school as well as all of us parents, have noticed a marked improvement in the preparedness of their incoming students in the years since the program has been in operation.

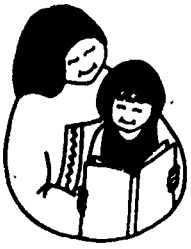
Like many other worthwhile programs, this one has been dealt a severe blow by Reaganomics. Rural C.A.P. will be requesting increased state funding this year to keep our program alive. While we realize that the state can not be expected to fund all federally cut causes, we want you to know how strongly we feel about the importance of this program.

We hope that you will be able to support an appropriation to continue our program within this year's operating budget.

Thank you for your time and for your help in the past.

Sincerely Yours,

Arthur A. Hackman
Ruth Hackman — Kathleen Polty
Rebecca Cantor — Evan Polty
Ernest L. Cantor — Marie Jean Nicholai/Tom Hackmanke
Annie Greene
Rita Nick — Mildred Kelly
Reis Edwards — Debbie Francis
Mona Gharst — Molly Francis
Paul Hackman — Clyde Francis
Sarah George — Dessie O. Evan
Rose Wean — Matilda J. Hackman
Am George
Hecla Xavier



Yukon-Kuskokwim Parent-Child Program

February 5, 1982

Representative Don Young
House of Representatives
2331 Rayburn House Office Bldg.
Washington, D.C. 20515

Dear Mr. Young:

Thank you for sending a copy of the Department of Health and Human Services letter regarding proposed changes in Head Start. Our office did receive a copy of the Proposal in November, and our comments were included in the reaction paper issued by the Alaska Head Start Director's Association, dated November 24, of which I believe you received a copy.

There is an Oversight Hearing scheduled for February 23 in the House Resources Subcommittee of the Education and Labor Committee. The hearing will be on these proposed changes in Head Start, of which elimination of Parent Child Centers is included. To this date, the only reason given for elimination of PCC's is that "they are not directed toward serving Head Start's primary target population (aged 3-5)." Many YK/PCP parents feel that this is not good enough reason. More and more studies are proving that early learning and intervention are very important in the growth and development of children. PCC's involve parents a a very early age in the development of their children. Though conversion to Head Start is a proposed option, conversion, at the expense of eliminating a viable and worthwhile program, does not seem right. Parents in our region and state do want programs for preschool children, but YK/PCP parents feel strongly in the continuation of this type of program.

I, myself, have a toddler, and have learned, through this program, the importance of positive stimulation of the child, of health issues related to very young children, and many resources to help me be a better parent. I hope that these benefits can continue to be shared by the 133 families that the Parent Child Program serves.

Thank you for your time, and your support of Alaska's children and families.

Sincerely,
Sharon Hodgins
Sharon Hodgins
YK/PCP Supervisor

P.O. Box 925 • Bethel, Alaska 99559 • (907)543-3401 or 3341

Scammon Bay, Alaska 99662
June 25, 1982

Dear Dear Young,

Hi. One of the little girl teachers told me to write to one of you. I have little girl who is 1 years old + will be 2 in summer time. I would like her to go to school again next fall. Like parent-child program - and she is learning and some times she's starting to talk.

That's all I have to say.

Christine M. Tickett

AUGUSTUS F. HAWKINS
[illegible]
COMMITTEE:
HOUSE ADMINISTRATION, CHAIRMAN
EDUCATION AND LABOR
COMMITTEE:
[illegible]
JOINT COMMITTEE ON THE LIBRARY, CHAIRMAN
JOINT COMMITTEE ON PRINTING, VICE CHAIRMAN

FEB 19 1982

Congress of the United States
House of Representatives
Washington, D.C. 20515

2471 Rayburn House Office Building
Washington, D.C. 20515
Telephone: 225-2201
GLADYS W. WILLIAMS
Clerical Assistant
Los Angeles Office:
960 West Manchester Avenue
90044
Telephone: 750-1029
Hawthorne Post Office:
3719 2nd Avenue
90250
Telephone: 676-0481

February 16, 1982

Congressman Ike Andrews
Chairman of the Subcommittee on
Human Resources
Room 2178
Rayburn House Office Building

Dear Congressman Andrews:

Enclosed is a copy of a letter I received form Ms. Patricia Nolcox expressing her concerns with the proposed abolishment of the Parent and Child Centers.

I have acknowledged her letter and informed her that she would be receiving the most current information from your committee concerning the Parent and Child Centers.

In an effort to be of assistance to Ms. Nolcox, I would greatly appreciate any advice, information or assistance you could give this matter.

With best regards, I am,

Sincerely,

Augustus F. Hawkins
Member of Congress

AFH:gkc
Enclosure

January 18, 1982

The Honorable Augustus F. Hawkins
2371 Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Hawkins,

Thank you for responding to my letter of concern regarding tha possible ending of the Parent-Child Center Programs. You asked for more specific information about the location of the program. I'll try to clarify.

My concern is two-fold. Firstly, this administration has proposed the abolishment of the Parent-Child Center category. This would affect centers all over the United States. The ones in the Los Angeles/Harbor Area are funded by A.C.Y.F. (Association for Children, Youth and Families.) These programs have proven to be models of educational, health and social service assistsnce to needy families. Participants in these programs have an excellent record of being able to improve the quality of life for themselves and to function as viable members of their communities.

Secondly, one auch center, the Volunteers of America/Harbor City Parent-Child Center would be among the victims. I personally know of the excellence of this center's program. If youroffica csn shed any light on the funding future of these programs, I would sppreciate it.

Thank you agsin for your interest and your response.

Respectfully,

Patricis Norcox

AUGUSTUS F. HAWKINS
30th District, California
CHAIRMAN
HOUSE ADMINISTRATION, CHAIRMAN
EDUCATION AND LABOR
SUBCOMMITTEE
EMPLOYMENT OPPORTUNITY, CHAIRMAN
ELEMENTARY, SECONDARY AND VOCATIONAL EDUCATION
JOINT COMMITTEE ON THE LIBRARY, CHAIRMAN
JOINT COMMITTEE ON PRINTING, VICE CHAIRMAN

MAR 1 1 1982

Congress of the United States
House of Representatives
Washington, D.C. 20515

2371 Rayburn House Office Building
Washington, D.C. 20515
Telephone: 225-5935
GLENN W. WILLIAMS
Special Assistant
Los Angeles Office
555 West Manchester Avenue
90301
Telephone: 750-5555
Hawthorne Post Office
3750 31st Avenue
90250
Telephone: 644-6481

March 8, 1982

The Honorable Ike Andrews
Chairman
Subcommittee on Human Resources
2178 Rayburn House Office Building
Washington, D. C. 20515

Dear ~~Chairman Andrews~~ Ike:

I am writing you in regard to your oversight hearing on "Head Start: Directions for the Next Three Years," a policy position paper issued by Administration on Children, Youth and Families. I would specifically like to comment on the section which calls for the conversion of Parent Child Centers to regular Head Start programs. As you know, Parent Child Centers (PCC's) were established to provide comprehensive services for economically disadvantaged families who have one or more children under the age of three for the purpose of helping families to function independently and effectively and for their children to develop to their full potential.

On February 6, 1979, a General Accounting Office report entitled, "Early Childhood and Family Development Programs Improve the Quality of Life of Low-Income Families," was published which gave a high ratio of success to the PCC programs. A quote from this report demonstrates their viewpoint.

> "The three PCDCs recently published research reports on 5 years of operations which showed very positive results. Research findings demonstrate that the programs showed positive gains for mothers and their children in the following areas:
>
> -- Maternal attitudes
> -- Mother-child interactions
> -- Social-emotional development for mothers and children
> -- Cognitive and language development in children"

In my district in Los Angeles there are several PCC projects which do an excellent job of aiding parents and their children under three to develop into useful and independent members of society. The projects work with the baby as well as the parents, both the mother and the father to prepare them for the role they must assume as a family structure in the community.

In the Head Start authorization legislation, the law states that the program should "...focus primarily upon children from low-income families who have not reached the age of compulsory school attendance..." The language obviously does not limit the age of children able to participate in the program. Although Head Start has been concentrating on children aged three to five, the language in no way excludes toddlers, those children under the age of three. The PCC program provides the services these younger children need, since the formative years one - three can be just as important as ages three to five. With this in mind, I once again strongly urge you and the members of the Subcommittee to support and maintain these Parent Child Center programs which are so vital to our communities.

Sincerely yours,

AUGUSTUS F. HAWKINS
Member of Congress

AFH:ac

95-358 O—82——16

Prepared Statement of Hon. John Conyer, Jr., a Representative in Congress from the State of Michigan

Mr. Chairman:

Once again the ax of the Reagan Administration is seeking to chop away another vital program designed to assist low-income families. The program to which I refer is the Parent Child Center Program under the auspices of Head Start.

The program, designed to serve low-income families with children from conception to three years of age, has one of its 37 centers located in Detroit, Michigan. The Detroit Center serves approximately 150 families annually, has a staff of 23 persons and numerous doctors, nurses and nutritionists who volunteer their services. There are many families, with children under 3 years of age, being helped by the Center who would have no other source of assistance if the Center is closed. While it is true that Head Start programs are available, these programs are designed for children 3 to 5 years of age. Often times, many serious problems develop with children between infancy and 3. The Parent Child Center is designed to facilitate early diagnostic screening for infants and toddlers identifying actual and/or potential nutritional, psychological, and medical problems. Emphases are placed on mainstreaming handicapped children into the program. Therefore, it is crucial that we continue to provide assistance to the young mothers, many of whom are below the age of 20 years. The Detroit Center currently serves 35 mothers who are younger than 20 years. It is important that we do not overlook the fact that we are not only helping children, but we are providing an avenue of expression and hope for many young mothers who are void of self-esteem and the necessary parenting skills.

abolish the Parent Child Centers and concentrate their monies and energies on the Head Start Program. I am concerned, however, that the Head Start Program will also be significantly reduced, in spite of Mr. Reagan's promise not to bother the safety net programs, thereby critically reducing the number of children served as well as the quality of service. It has been proven that the two programs can effectively work together, one complimenting the other, and it is my hope that rather than abolish the PCCs the Administration will see fit to increase the number of centers as well as their operating budget. Today's youth are our investment in the future, we can not afford to waste a single one. I urge the Subcommittee to take whatever steps necessary to assure continuation of the Parent Child Centers.

Stanislaus County
Department of Education

801 County Center III Court Modesto, CA 95355 · Tel. 209-526-6575
JOHN B. ALLARD · SUPERINTENDENT

August 19, 1981

Dear Associate:

The attached paper - now commonly referred to as the Hopkins Paper - is being circulated throughout Head Start Programs. You may have already received a copy. John Hopkins is a budget analyst in the Office of Assistant for Management and Budget, Health and Human Services. The circulation has not, of course, been done by ACYF, but rather has come about by programs who "obtained" a copy. The report is referred to by ACYF as an "in-house talking paper - a reference point." It is further referred to by ACYF as "not a scientific paper," "merely for planning for FY83 budget," "half of it is off the wall stuff." Hopkins' role is described as that of "a gad-fly - to stimulate discussion." Be that as it may, the "report" speaks for itself. It is the only "talking" paper that has surfaced.

Warren Masters, Acting Commissioner, ACYF, states that by about September 25, ACYF will release to the Head Start community for review and comment, a set of "ta'king papers - not final products." By late October, a final document will be released that will set forth ACYF strategy for the near future. The committee preparing this is Masters, John Buss, Henlay Foster and a couple of others from ACYF.

In his appearance before the quarterly board meeting of the National Head Start Association on August 14, Masters, when asked how he perceived Head Start, responded "I am talking about a quality child development program like we know Head Start now. Dorcas Hardy feels the same, but she also believes that it (the program) can be done for less money."

It is my understanding that the Policy and Regulations Committee of the National Head Start Association is preparing an initial response to the Hopkins paper. Other agencies may also wish to think through a potential response, modified as necessary by the actual papers that ACYF releases.

Sincerely,

JOHN B. ALLARD
Superintendent

Lee M. Brooks
Director, Federal/State Programs

LMB/al

[illegible] was [illegible]
by John Hopkins.

HEAD START PROGRAM AND FUNDING ISSUES

1. Policy decisions on Head Start (HS) should be based not only on HS program performance, but on what is known about other early childhood education programs. Although early childhood education programs existed in this country since the early 19th century, almost no reliable evaluative research on preschool programs was conducted before the 1960s. However, an explosion of studies on the effects of early childhood intervention occurred in the 1960s and 1970s. Many of these studies examined the effects on economically disadvantaged children and generally concluded that children from disadvantaged backgrounds were more likely to achieve cognitive benefits from preschool group experiences than their middle class peers.

2. HS was born out of these early optimistic research findings, and in 1965 enrolled 561,000 disadvantaged children in 3-month summer programs, with high expectations that the 3-month experience would produce lasting cognitive gains for participants.

   The original goals of Head Start placed primary emphasis on increasing social competence (e.g. improved social behavior, better relations with peers and adults, reduced delinquency, improved attitude toward school) of young children, with secondary emphasis on cognitive development. Measured against these objectives, the first major longitudinal evaluation of HS, conducted by the Westinghouse Learning Corporation in 1968-1969, produced disappointing findings: full year programs did not change affective development but did produce changes on some measures of cognitive development, and summer programs did not produce any changes. Westinghouse found that cognitive gains made in HS centers did not persist into the school years and children who participated in HS were still far below the national norms on standardized tests. The Westinghouse findings were very controversial and judged by some researchers as unfair and misleading since they measured performance during an early disorganized period when many projects were just getting established and others were converting from summer to full year programs.

3. As the HS program matured, additional evaluations refuted the controversial Westinghouse findings. The later evaluations showed that full-year HS programs provide short term (one year) benefits for the HS child and parent, including increases in IQ scores and academic achievement, as well as improvements in attitudes, motivation and social behavior. But for the most part, these evaluations did not reverse the negative Westinghouse findings on summer HS.

4. These HI research findings paralleled those of scores of other early childhood education programs serving disadvantaged children. Empirical evidence from 1960s and 1970s research on the effect of other programs indicates that:

   - o early intervention (0-5 years) produces gains in IQ, in school achievement and in related social behavior measures;
   - o the IQ and school achievement gains do not stop abruptly when preschool education ends; yet, early childhood education intervention does not have a permanent effect on IQ scores;
   - o the social gains tend to last longer than the IQ and school achievement gains.

   It should be noted that most of the research done during the 1960s and 1970s focused on cognitive development, and not on noncognitive or social development. This predilection has drawn criticism from program advocates who charge that early childhood education programs for disadvantaged children must be evaluated more broadly than through cognitive changes.

5. Researchers disagree over the duration of cognitive gains achieved, but most successful preschool intervention programs with low-income, disadvantaged children have documented gains to last from one to three years after intervention ends. Researchers, however, hasten to add that the cognitive gains probably last long enough to be cost beneficial:

   - o Even if IQ and school achievement gains last for only 1 to 3 years after intervention ends, it is precisely during those 1 to 3 years that the child is taught the basic educational skills needed for future achievement in school and in life;
   - o Some researchers (e.g., Weikart, Lazar) have shown that children who participate in preschool programs have less need for expensive special education classes in elementary and secondary school, and were retained less in grade than their similarly disadvantaged peers.

6. Although cognitive gains for up to 3 years have been documented through tightly controlled studies, the research has generally failed to document that the gains last longer.* Some researchers believe that the gains lie dormant after 3 years (not showing up in tests) and are revealed again in secondary school, but views on sleeper effects have not been generally accepted by the research community.

7. Research shows that widely diversely structured intervention models succeed in producing lasting gains, including those with center-based care, home-based care, and those that combine both.

*there are some striking exceptions (Weikart, Hebert, Palmer) where gains have been shown to last into High School.

8. Despite the great structural diversity of projects successful in producing lasting cognitive or social gains, the evidence suggests that there are key factors that directly contribute to those gains. Some of these factors have been documented through the National Day Care Study and a myriad of other research; they have all been the subject of the Federal Interagency Day Care Requirements; and they have in part been embodied in the HS Performance Indicators. They include:

   - o limits on the number of children in a class (and related adult/child ratios);
   - o adequate training and qualifications of caregivers;
   - o degree of caregiver interactiveness with the child;
   - o need for clearly defined education program objectives and materials;
   - o adequate environmental and health conditions;
   - o nutrition requirements;
   - o parent involvement requirements; and,
   - o social services for children.

   There is indisputable, documented evidence linking the first four factors with lasting gains, and there is less compelling findings linking the last four with such gains. The research implies that a mixture of most, if not all, of these ingredients is necessary for a successful program. For example, even if a preschool project has an intensive 2 to 1 teacher child ratio within a class of only six, the project may still not sucessfully lead to lasting cognitive or social gains if its teachers are not well-trained, competent caregivers.

9. There is little evidence on how long children must attend preschool programs in order to achieve gains. What little research has been done suggests that:

   - o there is no "magic age" at which intervention is most effective--projects with intervention at infancy and those ranging to age 5 have equally produced gains lasting from one to three years;
   - o there is no set number of hours per day or days per week which a child must attend preschool in order to achieve lasting gains. Nearly all of the evaluations done on this subject have been on home visit or child television programs, and those evaluations

have produced mixed results. One highly successful project involved only 12 1/2 per week while others have ranged up to 50 or more hours.*

- o there is no clear relationship between the number of months or years a child remains in a program and the gains achieved. Researchers generally agree that when a program has a positive impact, this impact shows up after a relatively short period of time. However, the research also shows that gains tend to last longer when intervention is continuous.

It is fair to conclude that not enough research has been done in this area to produce conclusive answers, but that what research has been done indicates that neither the age at which intervention begins nor the intensity or duration of that intervention appear to be critical factors in producing lasting cognitive or social gains (Hirtz).

10. Comparing findings on successful early intervention programs to the HS program raises questions about the structure and scope of HS. When compared with the research-tested critical factors in early childhood education programs, HS finances services that do not appear to be needed to achieve lasting cognitive and social gains. This is due to the fact that HS programs include features (such as an 8 to 10 hour full day, the direct provision of medical and dental services for children, and the provision of supportive services for children, parents and siblings) that have not been documented to produce lasting gains. (While not specifically linked with lasting gains, what many of these features do provide is an increased opportunity for children to participate in HS. Without medical services, for example, some HS children may be unable to attend HS).

- o Should HS be better focused as a primer for kindergarten through second grades when the child is taught basic reading, writing and arithmetic skills critical to later development? Recognizing that gains from preschool may disappear 2 to 3 years after the preschool program ends, the HS program should consider placing greater emphasis on 4 and 5 year olds, and less on those 0-3 years old. Doing this may increase chances that benefits from HS may be carried further into elementary school.

*Evaluations of HS have not specifically compared benefits between part day HS (4 hours) and full day HS (6-10 hours). However, positive evaluations of HS projects documenting lasting gains have included both part and full day projects. By inference, then, the evidence has not documented that length of the HS day makes any difference on lasting gains.

- Should the length of the HS-funded school day be reduced to 3 to 4 hours? If gains have been documented for HS projects that include both 4-hour and 8 to 10-hour classes, why should HS finance costly services for any more than 4 hours each day? The HS program should consider financing with HS funds only part day programs (i.e., morning programs or afternoon programs) and advising and/or assisting in making alternative day care arrangements for those children who require a full day in care away from the home.

- Should the program substantially reduce the provision of direct social services to parents and siblings? Providing supportive social services to parents and siblings of HS enrollees is not highly correlated with lasting gains for children, yet two-thirds of HS families received social services directly from HS. For nearly one-third of HS programs, more than 95% of the families are provided social services directly from Head Start. Conversely, only 37 percent of HS families are referred to other community agencies for social services. Consequently, the program should consider limiting itself as a referral agent to other community services rather than providing or otherwise funding those services directly.

- Should HS strengthen its program of caregiver training? If one of the most important factors in early childhood education is the use of qualified, specially-trained caregivers, yet only one in five HS teaching personnel has a CDA or other early childhood education credential, the program should consider augmenting its degreed training programs or otherwise increasing the percentage of qualified caregivers.

- Should HS discontinue funding for the remaining summer projects? If impact evaluations have shown that the summer experience does not lead to gains, then this activity does not seem to fulfill the program's basic objectives and should be phased out.

11. What has emerged in the 16-year development of HS is a program that seeks not only to give children cognitive gains and reduce their negative social behavior, but also to upgrade their health and the health and well-being of their family members. The thesis of HS is that the educational program for children is inexorably interlwined with supplementary medical, dental and social service to the child and other supportive services to family members: in order to make genuine improvements in the lives of economically disadvantaged children, it is necessary to provide a wealth of supplemental supportive services. The uncommon popularity of HS rested in part in its capacity to deliver on this promise of supportive services.

Yet, it is difficult to reconcile the HS program concept of quality education and rigorous supportive social services with other successful early childhood education programs that do not include a supportive social service component. Empirical evidence from numerous research studies on other early childhood education programs clearly document that programs can be successful in producing lasting cognitive and social gains for disadvantaged children, without the direct provision of supportive social services.

The obvious question at this juncture is whether the HS concept should be redefined. Redefinition would place greatest emphasis on those key factors that have been conclusively linked through research evidence with lasting cognitive gains: viz qualified caregivers; clearly defined program objectives; limits on group size; and interactiveness of caregivers with children. The redefinition would reduce current program emphasis on supportive services and other components that have not been documented to affect lasting cognitive gains.

Shifting program emphasis away from supportive services necessarily leads to changes in the program's budget policy. Either eliminating or placing more restrictive limits on funding for supportive services would significantly reduce Federal costs per child and generate the potential to free up funds for admitting more children to the program. From a cost benefit perspective, limiting HS funds for supportive services would make the program more efficient and economical: HS funds would be better targetted on those factors that are most closely associated with cognitive gains.

But HS should not be measured only by dollars and cents, or by a narrowly-conceived notion of cost benefit. Changes in policy in this area must answer the questions: Are the supportive services really needed? If they are needed and HS does not provide for them, then how should they be provided, or, should they be provided at all? Demographic data on the HS population paints a rather clear picture that most of these services, especially the health-related services, are definitely needed:

- o a 1967 study of 1.2 million HS children, for example, revealed that 34 percent of the children had not seen a doctor in two years; that 25 percent had never seen a dentist; that 50 percent did not have immunizations for DPT, polio and smallpox; and over 20 percent had iron deficiency anemia.

Accepting the notion that at least the health needs of HS children are substantial and should be met, the real issue is how to shift financial responsibility for meeting them from HS to others.

The shift of financial responsibility should be made to parents, relatives and to community agencies with supportive services missions. Before HS began, providing these services was the responsibility of these groups; but as HS has grown over the past two decades, it has gradually assumed more of this financial responsibility. Perhaps now is the time to return that responsibility to parents, relative and supportive service community agencies. This could be accomplished by limiting the role of HS as a referral mechanism to the community network of health and social service organizations.* HS funds could not be used for directly providing, or reimbursing other agencies to provide, supportive social services.

But eliminating HS funding for social services could cause serious adjustment problems for HS centers in communities without strong health or social services programs. Immediate elimination of funding for these services could leave children virtually without any resources to meet their medical, dental or other needs. In view of the fact that many HS projects are situated in poor communities, consideration should be given to phasing in any limits on supportive services. The phase-in would give States and localities more time to better manage services to HS children, and allow HS staff to gain the skills necessary to provide information and referral to HS parents.

12. Beyond these program considerations, HS cost data suggest that the program may be funding administrative or structural features in some projects that are costly yet have not been shown to have a positive impact on children. The fact that some projects include these administrative features and others do not has contributed to wide cost variations among the 1,300 grantees. In the last year for which per child costs were collected by grantee (1976-1977), ACYF costs ranged from $237 per child in one grantee to $4,426 in another--a variance of 1800 percent. Yet, there is no evidence to show that high cost projects are more effective than low cost ones.** In other words, evaluations have not shown that the greater the costs, the better the program.

There are very few studies on the factors that contribute to costs per child in HS grantees. The program does not regularly collect detailed cost data by grantee, and grant applications provide almost no detailed information on the elements that comprise grantee per child costs. A 1979 study funded by ASPE has examined which factors have the greatest impact on HS costs. This study determined that several factors governed costs in HS, especially the following (in order of importance):

*HS would retain responsibility for certain "core" health care services (services that relate to the child's health while in center care) and for basic nutrition while the child is in class. Both core health care and nutrition are directly related to the child's well-being in the classroom.

- staff/child ratios--lower ratios tend to produce higher per child costs.
- regional teacher salaries--higher teacher salaries by geographic regions are positively correlated with higher HS costs per child.
- SMSA/non-SMSA location--grantees in SMSAs tend to have higher costs per child than those in non-SMSAs.
- delegate agencies--grantees with delegate agencies tend to have higher costs than those without delegates or those that provide services themselves.
- percentage of degreed staff--costs per child rise as does the percentage of staff with CDA or BA degrees in early childhood education.
- total actual enrollment.
- percentage of children 0-3 years old--grantee per child costs for children aged 0-3 are about percent higher than those for children aged 4-5.
- meals served per day--per child costs rise with the number of meals served per day.

None of these factors have specifically been documented to produce lasting gains for children but since they are all major determinants of HS per child costs, an effort should be made to control them.

Some of the cost factors are difficult to control. The Department can do little, for example, to control per child costs that are attributable to the location of a grantee in a SMSA or in another area where teacher salaries are high. Cost variation among grantees must be recognized since the operating costs for grantees located in SMSAs or in areas with high teacher salaries will necessarily be greater than for those located in non-SMSAs or areas with low teacher salaries.

13. Yet, other factors can be controlled. The use of delegate agencies by HS grantees is a good example of a major cost factor that could be better controlled. Approximately 40 percent of Head Start grantees operate their programs through one or more delegate agencies. These agencies are designed to give direction, guidance and administrative support to HS projects directly serving children, but giving such support adds an additional layer of administrative costs to HS grantees with delegates, and these added costs increase the costs per child. ACYF costs for grantees with delegate agencies are approximately 10 percent

higher than for those without delegates. In view of the fact that 60 percent of HS grantees apparently operate HS programs without delegates as successfully as those with delegates, the Department should consider not using ACYF funds for the costs of delegate agencies.

14. Consideration should also be given to policies that establish limits on the cost per child, by grantee. According to the 1979 Development Associates study, average mean ACYF costs were $1,344 per HS child, and more than 80 percent of the grantees had mean costs in the $700 to $1600 range. Yet, for over 16 percent of the grantees, ACYF paid in excess of $1,600 per child, with per child payments for some grantees in excess of $4,400. Translated into 1982 dollars, the mean average cost per child is $2,400, and about 16 percent of grantees have ACYF-financed per child costs of more than $4,000. As noted earlier, it must be recognized that the HS grantee per child costs will vary by the regional and SMSA/non-SMSA distribution of the grantees. But even allowing a 20 percent variation among grantee operating costs does not account for the tremendous per child cost difference among HS grants. Given the paucity of per child cost data in HS, and the need to better control excessive grantee costs, the Department should consider limiting ACYF-funded costs per child to 120 percent of the prior year's national mean per child cost. Within this limitation, ACYF should consider developing before 1983 an index that would identify per child funding ceilings by geographic region and by SMSAs within those regions.

15. Finally, it may be useful to make changes in the extent of non-Federal contributions to HS projects. A large proportion of HS projects are virtually fully Federally funded, with little or no contributions from the local community. Under existing law, the non-Federal matching share is 20 percent of approved costs, but the Secretary may waive this requirement if he finds a waiver is needed to run a project in that area. In 1981, the Secretary gave waivers for ___ percent of the projects, and for ___ projects no local contributions were required at all. In view of the substantial funding and social benefits for States and localities with HS projects, the Department should consider adoption of more rigorous standards for granting waivers. These standards should be developed with an aim of (a) cutting in half the percentage of projects with waivers, and (b) discontinuing projects with no local contribution.

16. The changes to HS can be summarized in two categories: Changes in HS policy and changes in HS administration. Based on available HS cost data, they are estimated to have the following costs:

	1983 Cost Change ($ in millions)
Policy Changes:	
Discontinue funding for children aged 0-3. HS funds would be confined to children aged 4 to 5 (Kindergarten age)	
Discontinue funding for all Full Day HS. Limit project support to 4-hour morning programs or afternoon programs	
Limit funding for supportive social and health services to 50 percent of the 1982 level	
Double the budget for caregiver training	
Discontinue funding for all Summer HS projects	
subtotal, policy changes	
Administrative Changes:	
Discontinue funding for delegate agencies' administrative costs	
Limit grantee costs per child to 120% of the 1982 national per child average	
Reduce waivers of non Federal share	
subtotal, administrative changes	
Total	

17. Implementation of these changes is a complex matter requiring close collaboration with grantees during 1982 and 1983. One role of ACYF in this effort will be to assist grantees to adapt their programs to conform with the policy and administrative changes. In most cases, this involves providing technical assistance to grantees to help them structurally modify their programs and obtain other sources of financial support. Implementation problems and tasks may include:

(a) discontinue full day HS - recognizing that many children now in full day program will need to remain in full day care, grantee may have to move children (or teachers) from HS classrooms in the morning to other (more custodial) care in the afternoon, or vice-versa. Discontinuing full day HS could encourage "double shifting" of HS teachers or other consolidations of HS children with children of changes (as evidenced by the fact that over two-thirds

of HS full year projects are part day) and others indicate that they may do so as a hedge to meet rising costs in coming years. The movement to double shifts or other consolidations with non-HS care programs could create substantial financial management problems for grantees, and ACYF may need to provide new, clearer cost allocation guidance to its grantees.

(b) discontinue funding for summer HS and for children aged 0-3 - unoubtedly, many grantees now operating summer programs or programs serving children 0-3 will wish to continue them. ACYF may need to advise those grantees of other Federal funding sources and Federal or State programs that may be used to continue services.

(c) limit funding for supportive services - grantees in economically depressed regions will face major problems in finding community agencies able to continue needed medical, health and related social services to HS children. ACYF may need to advise grantees of alternative budget sources. ACYF may also have to strengthen its grantee staff training programs to give grantee staff better skills in working with State and community agencies to secure alternate funding and services.

(d) discontinue funding for delegate agencies - many projects that now rely on delegates will likely continue to use them. Yet, without HS funding of delegate agencies, local projects now relying on the delegates may face difficulties in providing the services themselves or finding other community agencies to do so. ACYF may need to give written and ver l guidance for projects in this transition period of arranging for replacement services.

(e) limit grantee costs per child - as is the case with other changes, ACYF may need to assist grantees in restructuring their programs to drop nonessential services or to obtain replacement funding from other Federal, State and local services.

(f) double the staff training budget - ACYF may need to develop new short- and long-range training programs for the 1982-83 period. Given other policy and administrative changes in 1983, these plans should recognize the need for specific childcare giving and administrative skills needed over the 1982-84 period. ACYF should also identify how many staff have early childhood training credentials, how many are in the process of obtaining them and appropriate annual goals for increasing the proportion with credentials.

NATIONAL HEAD START ASSOCIATION

John Reese, President
National Head Start Association
635 South Main Street
South Bend, Indiana 46601
(219) 234-2150

Claude Patterson, Chairman
Policies and Regulations Committee
P.O. Box 125
Appleton City, Missouri 64724
(816) 476-2183

26 August 1981

Mr. Warren Master, Acting Commissioner
Administration for Children, Youth and Families
P.O. Box 1182
400 South 6th Street SW, Donnohue Building
Washington, D.C. 20013

Dear Mr. Master:

This brief letter of general comments will address the issue of several "white papers" that seem to be floating around regarding the Head Start program and funding issues, Head Start strategy, etc.

I have noted in your memorandum to Dorcus Hardy, ASHDS, "Head Start Strategy" that you will be calling for representatives of the Head Start community to discuss any changes which may be made in Head Start, within seven topical areas which would be covered, including:

- Program Purpose and Scope
- Federal, State and Local Roles and Responsibilities
- Federal Administration and Management
- Program Costs
- Training and Technical Assistance (Technology Transfer)
- Research/Development, Demonstration and Evaluation
- Inter-Institutional Relationships

Although we are still waiting for that call for involvement, we will welcome the opportunity. Indeed, we feel that it is imperative that those who are working closest to the implementation of the program be involved in sharing their knowledge and expertise with the decision makers.

In the meanwhile, I would like to make a few general comments regarding the document "Head Start Program and Funding Issues," dated July 10, 1981 (the Hopkins Paper). It is obvious that the person who wrote that document had a keen, analytical mind, but it is equally obvious that he is not oriented to the Head Start philosophy as being a comprehensive, multidisciplinary, family-oriented program.

Section 17 of the "Head Start Program and Funding Issues" paper deals with implementation of changes. Some six sub-sections with seven specific changes are suggested. Although we hereby request an invitation to participate in a discussion of such suggested changes during the decision making process and prior to their implementation, I would like to submit the following initial comments regarding the suggestions.

Item A. Discontinue Full-Day Head Start.

No doubt the term "discourage" full-day Head Start would more nearly meet the needs of the children and families with whom we work than would the term "discontinue". Theoretically, full-day Head Start had been discontinued several years ago. However, the regulations at that time indicated that both parents must be working in order to qualify the child for full-day Head Start. It may be rare anymore for two people to be working and the family still qualify income-wise. So, in actuality, full-day Head Start might be thought to be superfluous and to be able to be discontinued without too much damage to the overall Head Start program. We understand that ACYF may want to cut back the 15% of Head Start programs operating as "Full-Day Head Start" to a lesser percentage. However, consideration should be given in those instances where two parents are working at minimum or sub-minimum wage and would thus qualify for the program. It is in such cases that the term "discourage" might be more realistic and, indeed, serve as an incentive for family employment toward self-sufficiency.

Item B. Discontinue Funding for Summer Head Start and for Children Age 0-3.

Summer Head Start and children age 0-3 are two separate issues and should not be treated with one sweeping statement. Regarding summer Head Start: For all practical purposes summer Head Start had served its purpose in the early days of Head Start. Thus, continuation of summer services would not be an issue the association would take a strong stance on. However, the issue of servir children aged 0-3 would apply to three categories of programs: the parent-child centers, the Home Based-type program, and migrant programs. Indeed, it would be a position of the Head Start community to support the concept of parent-ch nters until they have been proved to not be beneficial and it w trongly support the continuation of migrant and Home Based-type ams that may include children aged 0-3. The criteria for enro ment in the Home Based program is to have an eligible Head Start child, aged 3-5. As a result of the Home Visitor working with the parent, the parent then works with the enrolled child and, no doubt, with the siblings of the enrolled child. It is our gut feeling that appropriate research would indicate that such Home Based-type programming:

ERIC Full Text Provided by ERIC

95-358 O—82——17

1) Provides peripheral benefits to siblings of the focal child,

2) Reduces the instance of child abuse, and

3) Is an incentive factor in the involvement of parents in moving toward the goal of family self-sufficiency.

Item C. Limit Funding for Supportive Services.

The comments within Item C indicates that "grantees in economically depressed regions will face major problems in finding community agencies able to continue needed medical, health and related social services to Head Start children." It further suggests that ACYF may provide advice and training to give "grantee staff better skills in working with state and community agencies to secure alternate funding and services." This recommendation and the similar statement on page 7 of that document, "The shift of financial responsibility should be made to parents, relatives and to community agencies with supportive services missions..." is at best based on the unreal and naive assumptions that:

1) Such services are available to disadvantaged children free or at reduced rates.

2) Head Start programs are remiss in failing to take advantage of existent resources.

3) Low income families could or should give priority to supportive-type services for their children.

The facts are:

1) Resources in economically depressed regions and many rural areas are limited and in some cases virtually non-existent on a for-pay basis--to say nothing of free or inexpensive services.

2) Local programs have had to employ an ingenious level of chicanery in order to see that supportive service type needs of children and families are met.

3) Local budgets are not sufficient to pay for full costs of supportive services. Thus, programs have attempted to augment their budgets by cultivating relationships with Optimist Clubs, Lions Clubs, Division of Family Services, Medicaid, EPSDT Screenings, Mental Health agencies, Bureau of the Blind, health agencies, and a myriad of other groups

which may be available in some parts of the country, but unavailable in others.

4) Due to our own regulations over the years, all Head Start programs have been forced to explore related agency services that we could plug into in an effort to save Head Start funds for covering services which can not be covered by other agencies.

5) In many states, funds (both state and federal funds) have been cut. With these funds cut and the suggested cut-back of Head Start funds for such purposes, there will be no way to meet the supportive services needs of those children and families with whom we work.

It is this point that strikes most threateningly at the very heart of Head Start. Most of the program operators throughout the country will argue that Head Start is not just a child-oriented program geared to enhancing the cognitive development of pre-school children. It is indeed family-oriented and multidisciplinary in its concept. One of the basic factors of Head Start that has made it a national success has been its strong commitment to parent involvement. We will argue that without the strong involvement of parents, espacially in center committees, policy committees, policy councils, and even national associations that Head Start would be very little different than the school sponsored pre-school program. The comprehensive and distinctive success of Head Start has been achieved in part by the fact that with the parents involved, we provide referrals, and in some cases, direct services and other support to the family as well as to the individual Head Start child. Thus, we open to the disadvantaged the opportunity for education and training, the opportunity to work, and the opportunity to live in decency and dignity. We assert that these distinctive characteristics and successes of Head Start will be lost if this item is implemented.

Item D. Discontinue Funding for Delegate Agencies.

Delegate agencies are a carry over of a tradition that started in 1965. Many of the delegate agencies were the first organizations funded for Head Start. In many instances, the delegate agencies were funded several months before the Community Action Agency was organized and started their own Head Start program. To make an immediate change eliminating delegate agencies would be quite an undertaking, and would be extremely disruptive to Head Start programs nation-wide. Deliberation and reason must prevail in attempting to implement this item. The National Office must realize that in some cases, such as super-grantees and/or large geographic areas, delegate agencies may be the only practical delivery systems option.

Item E. Limit Grantee Costs per Child.

It would be difficult, and no doubt arbitrary to set a cost per child

based on past years costs. This area needs a considerable amount of study and analysis of how the various figures have been arrived at. In general, the Head Start community is not objecting to a more equitable distribution of funds. We are, however, concerned that hasty and arbitrary redistribution may not adequately address special factors such as transportation costs, availability of other support service systems, and other such considerations.

Item F. Double the Staff Training Budget.

This is seen as a positive position which may be taken by ACYF. However, the value and relevance of such a training budget must be evaluated, at least in part, by how it impacts at the level of implementing the program.

Additional concerns which I must address, or to which I must at least allude, were issues raised by your presentation at the recent NHSA meeting in Detroit.

1) The new Training/Technical Assistence Delivery System has many potential ramifications. The Head Start Association would want an opportunity to have input in this issue prior to the decision making and implementation of such a system. We see many long term implications which may influence.

(a) the quality of T/TA;

(b) possible Head Start structures; and

(c) the possibility of ideological incest, thus compromising the quality of local program implementation.

2) The position of ACYF regarding the "Self Assessment/Validation Instrument" (SAVI) has been addressed by the Policies and Regulations Committee of the NHSA. We have encouraged local programs to recognize the value of the SAVI and to put it to good use. We are on record with the following statement:

"The SAVI is the best instument available to us at this time for conducting self assessments. If conscientiously used, the SAVI can serve as a relevant monitoring tool, an excellent guide in the development of component plans and good documentation as to the efforts of self improvement. WE URGE ALL PROGRAMS AND GRANTEES TO VOLUNTARILY CONTINUE UTILIZATION OF THE SAVI DOCUMENTS."

3) The Alteration of Projects including deletions, additions, and changes is of real interest to the Head Start community. That is to say that the potential new directions for FCCs and CFRPs, demonstrations projects, and other major project activities within the Head Start family are of keen interest to us. We welcome the opportunity for input to the decision making process regarding such issues.

One additional concern, somewhat unrelated to the concerns previously addressed in this letter, is the issue of possible conversion of Head Start to a State Block Grant situation. This approach, as opposed to the direct funding of Head Start programs, would create a nightmare with regard to equitable delivery of service.

Let's assume, for example, that States would choose to administer Head Start in a manner similar to Title XX Day Care. How unfortunate! As those of us at the local level know, Title XX has been a political football ever since it was kicked out. Many local programs supported the Day Care concepts of Title XX a few years ago when it was first available. A number of them have since realized that it was an unworkable, unmanageable, and inequitable method of delivery. Part of the conditions of getting that money were: one had to raise the money, kick it into the kitty, then sit back and wait to see if there were any allocation. Most people in our country just don't do business that way. It is also a pretty well established fact that as far as Title XX Day Care money goes, the umbrella-type Day Care Associations of the big cities have locked up the lions share. Some of the Title XX ventures that tie in with weatherization, etc., have been consumed by the larger political powers before it even came out. What we are saying is that since Title XX so often equates to a response to political power, rural area services would be almost out of the picture. Again, Title XX is used only as an example.

Mr. Master, these are but a few general comments which indicate the feelings of many within the Head Start community. We look forward to the opportunity for detailed discussions with you or your representatives concerning the far reaching implications of suggested changes in Head Start program structure and/or Head Start policies both during the decision making process and prior to their implementation.

Sincerely yours,

John Reese, President
National Head Start Association

cc: Richard Schweiker, Secretary, HHS
Dorcus Hardy, Assistant Secretary, OHDS
Henlay Foster, Chief, Head Start Bureau

Economic Opportunity Agency
of Washington County, Inc.
2325 North Gregg • Fayetteville, AR 72701
501/521-1394

Cecil C. Stead
Executive Director

November 18, 1981

The Honorable Ike Andrews
Congress of the United States
House of Representatives
Room 2178 Rayburn House Office Building
Washington, D.C. 20515

NOV 23 1981

Dear Congressman Andrews:

We have attached review comments which pertain to the Administration for Children, Youth and Families, Office of Human Development Services, Department of Health and Human Service's discussion draft paper of October 22, 1981 titled: Head Start - Directions For the Next Three Years.

The review comments are keyed to certain paragraphs on specific pages and, in the interest of time and paperwork reduction, address only those points wherein problems are perceived. We, compliment ACYF for the scholarly, insightful, and, for the most part, managerially sound nature of many of the proposals contained in the paper. We also totally agree with the author's basic premise that improvements can and should be made in the way Head Start conducts its affairs. The Economic Opportunity Agency of Washington County (Arkansas), Inc. has, in fact, already successfully implemented a number of local level changes proposed.

We must, however, profess great trepidation regarding some of the changes proposed for full-day, center-based Head Start programs such as those operated by this agency! Our present service delivery mode was locally designed by parents, and the Governing Board to meet a critical need for full-day, center-based, services for disadvantaged and handicapped children of low-income, working, primarily single-parent, female-headed, families in our catchment area. This draft paper appears to have been written with little to no attention to the needs of the working poor or to Head Start's obligation to such families. It also pays homage to local control, but then universally ignores it. The proposed six-hour per day, eight month, ceilings on center-based programs would literally make this agency's Head Start program impractical for use by the beneficiaries who need it most and would result in a mass exodus of Head Start's most experienced and best-trained staff members.

an affirmative action equal opportunity employer

Economic Opportunity Agency
of Washington County, Inc.
2325 North Grove • Fayetteville, AR 72701
501/521-1384

Cecil C Stead
Executive Director

We are also concerned that the paper pays little to no attention to the serious financial impacts of the Administration's cutbacks in ancillary programs utilized by Head Start; that it reflects little attention to the problems of non-urban programs, and that the proposed changes appear to be a harbinger of converting Head Start to a non-categorical block grant program. The latter change would allow the state government to do as it wills with Head Start funds. Based on current experience in Arkansas, child development services would not fare well.

The author of the paper also appears to postulate that most center-based programs are poorly managed. Programs in Arkansas have consistently received high marks during compliance reviews, yet, their average cost per-child rests at the low end of the national cost continuum. Thus, it appears that the proposed changes would inappropriately penalize programs such as ours for good management practices in the past.

In closing, this agency wishes to cooperate in every way with the Administration's cost containment efforts and ACYF's efforts to improve Head Start management. However, it is absolutely essential that all policy changes be closely scrutinized for unintended negative effects and that a sensitivity be maintained to the needs of Head Start clients. Head Start has succeeded where other programs failed because of its unique comprehensive nature and because of local design and community involvement. It would be counter-productive to weaken the very features which have made Head Start work.

Sincerely,

Clarence Storla

Clarence Storla
President
EOA Board of Directors

an affirmative action equal opportunity employer

Economic Opportunity Agency
of Washington County, Inc.

2325 North Gregg • Fayetteville, AR 72701
501/521-1364

Cecil C. Stuad
Executive Director

November 18, 1981

Secretary Richard S. Schweiker
Dept. of Health & Human Services
200 Independence Ave. S.W.
Washington, D.C. 20201

Dear Secretary Schweiker:

A few weeks ago I wrote you expressing my concern in regard to proposed changes in Head Start's service delivery system. At the time, the Department of Health and Human Services (HHS) had proposed many changes of a negative nature which would have ruined Head Start's effectiveness. Health and Human Services has now backed off from many of the changes, but persists in its intent to change Head Start into a half-day program impractical for use by the working poor. The draft paper proposing such a change also includes other changes believed to be inimical to the Head Start program.

I have enclosed a copy of the draft paper "Head Start Directions for the Next Three Years", prepared by the Administration for Children, Youth and Families, HHS. I have also enclosed a copy of my governing board's comments regarding the paper. I would appreciate it if some member of your staff could review these documents and provide any assistance to Head Start that you deem appropriate.

Thank you;

Richard L. Boyle
Director of Head Start
Econonomic Opportunity Agency
of Washington County, Inc.

an affirmative action equal opportunity employer

ERIC Full Text Provided by ERIC

Carol Sneed
EOA Executive Director

HEAD START

Economic Opportunity Agency of Washington County, Inc.

2 East Wilson•P.O. Box 129•Greenland, AR 72737
501-521-5571

Richard L. Boyle
Head Start Director

PREVIEW COMMENTS REGARDING ACYF DRAFT PAPER
HEAD START DIRECTIONS FOR THE NEXT THREE YEARS,
DATED 10/22/81

Page 2 (Para. 4) - Head Start support derives from recognition that "Head Start serves children and families who have significant needs . . . "
Comment: The most significant need for Arkansas' parents is the need for more than 6 hours a day service in order to meet the needs of working parents.

Page 3 (Final Para.) - " . . . we believe it is important both to preserve and, to the extent possible, strengthen those characteristics of the program . . . that contribute to making it work, and that provide the basis for local community ownership and support."
Comment: At least half of the basis for community support in this program is the fact that it primarily serves low-income, single-parent, working mothers and allows them to stay off welfare.

Page 4 (Para. 4 - Federal Budget Constraints) - While funding for most other social programs has been cut, Head Start's budget was " . . . recommended for a modest increase - from an FY 1981 operating level of $819 million to a proposed level of approximately $832 million . . . "
Comment: The FY 1981 level was actually $820 million and the proposed increase is 1.5%. This can hardly be considered an increase in real terms, since we have lost 11% to 30% of our purchasing power due to Administration cuts in other ancillary programs such as Child Nutrition, Medicaide and other health programs, and CETA. Note, also, that this comes on the heels of four successive years of losses in purchasing power produced by legislative failure to match increases with inflation rates.

Page 5 (Para. 1 - Regarding appropriate role of federal government) - This whole paragraph implies an intent to move toward non-categorical Block Grant funding of Head Start. We feel this would be a disaster, particulary in the rural conservative states. In Arkansas, for example, block grants for Head Start would, unless restricted, most certainly be utilized for other purposes. As erratic as Head Start funding has been in the past, it has at least been protected.

an affirmative action equal opportunity employer

Page 5
(Para. 2) - "Filling this gap requires a renewed emphasis on stimulating the participation of the business community . . ., and on promoting the contribution of resources . . ."

COMMENT. When Head Start is no longer practicably capable of serving their employees, the business community is unlikely to "increase" participation. Also, administration economic policies are making them increasingly unable to do so. To quote one long-time contributor: "I regret that our contribution is not as large as last year's, however, as you well know general economic conditions have not been favorable. . . high interest rates have cut into our profits . . ." (Note: The contribution was 1/5 the past level.)

Page 6
(Para. 2). - "The extent to which national enrollment levels can be maintained or expanded is essentially a function of (among other things): "The economies and/or efficiencies which can be achieved in program operations - - the extent to which we buy less of some service or activity (e.g. full-day child care) . . ."
Analysis

COMMENT. In this program, failure to provide full-day services would result in the program being impractical for the working parents who most need its services. It is predictable that the end result would be children receiving no services except babysitting. Note also, that making this kind of policy decision at the national level, without reference to community needs, directly contradicts the elsewhere stated goal of allowing local policy-making by parents! Current Programs Options should be maintained and their selection left to the local parent committees, the Policy Council, and the Board of Directors. The ACYF policy makers should also be aware that program quality will decrease as well-trained staff desert a 6-hour, 8-month program.

Page 8
(Para. 1) - Wholeheartedly agree that "discretionary funds" should be reduced in favor of maintaining program services and staff salaries. The decision as to which "discretionary fund" reductions should be made should, however, be based on a consensus of opinion of program operators based on the actual usefulness and value of services received.

Page 9
(Para. 10)- (See P. 8 Comment, above) There should be maximum participation
Reallocation of local grantees in decisions to "Streamline" and "Consolidate"
of Head the T&TA delivery system. The consumers of T&TA services are best
Start qualified to judge the service effectiveness, efficiency, and
Resources value of such services and to recommend feasible and economical changes.

Page 10
(Para. 10 - Promoting Economies and Efficiencies in Local Program Operations)
COMMENT: The idea of ". . . planning to restrict Head Start support for full-year, full-day programs so that funds are available only for program

operation whose duration is 6 hours per day and 8 months per year." shows a total disregard for the needs of low-income working parents and the desirability of local policy-making by program participants. It also shows a total lack of consideration of the differing nature of programs occasioned by demographics and geographical locations. The 4-hour per day center-based programs mentioned might well be possible for urban neighborhood-based centers. It is not feasible for center-based programs in rural areas. It is also not truly economical. Many of the single-parent females who utilize full-day services either cannot afford, or do not have available, alternate sources of child care, and also do not have employers willing to let them off during the workday to go and pick up their children and take them to a different source of care. A six-hour a day program would merely provide an incentive for such contributors to the tax base to stop working and depend on public assistance. A substantial decrease in community support provided by employers of Head Start parents is also predictable. It should be recognized that most of the 20 percent of Head Start programs operating nationally on a full-day, full- or part-year basis, as well as the majority of Arkansas programs, do so in order to meet a demonstrated community need and that they serve primarily the working poor. It should also be recognized that these are the very citizens damaged most by cutbacks in other social service programs. Note also that many of the 80 percent of programs which provide only part-day services do so because of funding constraints, not because such programs meet parent needs.

Page 11
(Para. 1) - "Given a constrained budget, we believe that it is preferable to reduce hours and days of operation rather than to lose enrollment."

COMMENT: One needs little insight to foresee that many working parents would terminate their children's Head Start enrollment if an impractical 6-hour a day delivery system were to be adopted. Thus, the proposed change may well have an opposite effect of that intended! Our program currently serves the neediest 13 percent of eligible children. With the proposed change we would serve those less needy, but able to have mid-day leisure time and transportation required for early pick-up of children. It is also noted that although all programs standards are consistently met, Arkansas' program costs are well below national averages. We believe low-cost quality programs should not be penalized for the management failures of others. They should, instead, have the option of determining their own service delivery systems.

Page 11
(Para. 2) - Reducing months and hours of operation to 8 and 6, respectively could save $14 million.

COMMENT: It is predictable that such a conversion would result in a mass exodus of Head Start's best-trained staff. The projected savings could quickly be consumed by costs for training new staff replacements. Many of our Head Start employees are single-parent-heads-of family who absolutely depend on their jobs for sustenance. With an administration-produced unemployment rate approaching 9 percent,

and Arkansas' recent decision to not pay unemployment to layed off Head Start employees, a 6-hour per day, 8-month program would be very unattractive to prospective employees. The impact would also be lessened by many fixed costs which would remain unaffected.

Page 11
(Para. 3) - "While not uniformly the case . . ."

COMMENT: In reality, many programs' capacity to provide full-year, full-day services is believed to be due to good management, not inequitable funding. The implication is that such programs which have relatively low costs would be penalized for good management!

Page 12
(Para. 2 - "Another option - - . . .;" and,

(Para. 3) - "The setting of cost limits . . ."

COMMENT: An "indepth case-by-case analysis" is far preferable to an arbitrary and capricious ceiling cost. But, such an approach would probably be far more costly, and very little more effective, than costing-out of averages based on cost per child per-hour for type of services rendered taking into account factors for geographical and demographic variants. Variants which should be considered include program size, numbers of handicapped children served and the severity of impairment, rural v. urban makeup, prevailing wages, cost-of-living considerations, and transportation required or provided. "Further analytic work . . ." is definitely indicated.

Page 13
(Para. "o") -"Development of Staffing and Guidelines - -"

COMMENT: Development of staffing guidelines should consider state-by-state day-care licensing standards. The number of handicapped children served should also be considered. In terms of support and administrative staff, the effects of "Economies of Scale" should also be addressed.

Page 14
(Para. 1 Study * . . .")

COMMENTS: Programs which really meet the needs of working families by operating more than 6 hours a day already employ split shifts which do what is suggested. For example, fewer staff are in the center during low attendance early morning and late afternoon hours. This approach also appears to conflict with staffing v. quality considerations on page 20 of the study.

Page 14
(*Note, bottom of page)

COMMENTS: It is far from illogical to admit that low-income children may need both day care and child development services. We, in fact, are convinced that it is so. Why should such services be mutually exclusive? Note also, that in addition to handicapped services,

Head Start must, and should, provide health and dental, social nutritional, and educational services.

Page 15
("d", Other Activities - -) (Para. 5 - Cost Information System)

COMMENT: The paperwork mountains associated with Head Start have increased by at least 25% over the last four years. While few tangible benefits are perceivable, the attendant loss of manhours available for service delivery is painfully obvious. If reporting and other paperwork requirements are to be increased, strong consideration should be devoted to increasing the administrative/program development cost limitation. This is particularly important for small programs.

Page 16
(Para. 2 - Information in Application Packages)

COMMENT: The information already required consumes an incredible amount of scarce administrative manhours, and, in most cases, is considered to far exceed a reasonable "need-to-know" level. Also, see last sentences of immediately preceding comment.

Page 17
(Para. "o", Emphasize Existing Policy on Head Start Resources as the "Dollar of Last Resort")

COMMENT: Past funding policies have made program operators acutely aware of this policy and our program devotes intense attention to it. Note, however, that administration cutbacks in budgets for agencies traditionally providing such support are seriously reducing the availability of such resources.

Page 20
(Para. 2 - Increasing Head Start Staff Salaries)

COMMENT: It is noted that this paper, and all other communications from the National Office of ACYF, continues to ignore losses in purchasing power from cutbacks in ancillary programs long utilized by Head Start. Affected funds include CETA Title II and Title VI, USDA Child Nutrition, USDA Food Service Equipment Assistance, Education of the Handicapped, Medicaide, and in some cases, Title XX. A loss in purchasing power not directly resulting from a cut in the Head Start appropriation is nonetheless a loss and must be made up from regular Head Start funds. When such purchasing power losses are piggybacked with inflationary losses, one is forced to wonder how we are expected to continue doing business as usual and still increase salaries. Additionally, the strategies outlined in this paper regarding hours and months of operations will greatly increase training costs due to increased turnover of personnel. Astronomical salaries may also be required in order to entice and hold qualified personnel once center-based programs are converted to part-time-part-year.

Page 21
(Paras. 1-3 - Staff Turnover)

COMMENT: This problem and its aptly described negative impacts will be greatly increased as a result of actions proposed throughout this paper.

Page 22
(Final Para.) - Qualifications of Head Start Staff

COMMENT: It is specious to assume that a lack of educational credentials is generally indicative of a lack of qualifications as a pre-school teacher. Head Start has many well-trained, experienced, and extremely capable teachers who do not possess credentials.

Page 25
(Analysis, Para. 4) Responsiveness of T and TA system:

COMMENT: As program operators, we feel the T and TA system, components have, for the most part, been responsive to grantee needs. This is particularly true of Arkansas' state T and TA office, the ARVAC Home Based Training Project, the state CDA project, and, though somewhat expensively, the Leadership Development Program at Texas Southern University, Houston, Texas. To be perfectly frank, all of the other T and TA entities, contracts, and research and demonstration projects could disappear tomorrow and never be missed.

Page 27 (Proposed Policies and Options)

COMMENT: The proposed system appears to be more, not less, complex, centralized, and expensive than currently employed. We also fail to comprehend how it would be more responsive to local needs in terms of within state activities which affect our local program.

Page 30 - "Objective 4. Strengthen Head Start's Relationship With Other Public, Private, and Voluntary Agencies and Organizations" "Discussion"

COMMENT: This section of the paper appears to universally assume that little to no effort has been made at the local level to strengthen such relationships. A more knowledgeable discussion would recognize that program operators have already accomplished a great deal in this area. We are also confused as to the argument that tax supported services provided by Head Start would be more economically provided by other tax supported agencies (e.g. "Schools, community health services, social service agencies, agencies serving handicapped children, etc.") We adhere to the view that each agency serves its purpose.

Page 31
(Para. 1) - Collaborative Agreements With State and Local Agencies

COMMENT: It must be recognized that the current administration's onslaught on the budgets of such agencies greatly reduces the potential for obtaining help from such sources. For example, within the state of Arkansas, massive cutbacks in daycare funding are currently forcing daycare providers of longstanding to reduce or totally eliminate services. It is also noted that in many areas adequate numbers of pre-school daycare slots are not available at any cost, and that non-Head Start child development services are nonexistent.

Page 32
(Para. 2) - Demonstration and Technology Transfer Projects

COMMENT. Commencing in FY 1982 all of the community-based health and dental programs addressed are being forced to curtail services due to the Reagan Administration's economic policies. Their willingness and capability to provide increased services to Head Start children is highly questionable. These comments apply equally to the paper's discussion of social services linkages on page 33.

Page 33 - "Objective 5: Improve the Administration and Management of Head Start." "Discussion"

COMMENT. The comments regarding a ". . . reduction of grantee reporting burden . . .," directly contradict the planned projects listed under "Other Activities" on page 15 and 16 of the paper.

Page 37
(Final Para.) - "Head Start's orientation as a non-categorical program . . ."

COMMENT: Head Start is, and should remain, a categorical program! To make it non-categorical would be to invite its demise as a comprehensive program and to hazard its success as the "Super Star" of social service programs.

Sincerely,

Richard L. Boyle
Head Start Director
Economic Opportunity Agency of
Washington County, Inc.

NEW MEXICO/SOUTHERN COLORADO HEAD START DIRECTOR'S ASSOCIATION
C/O LUCY GUTIERREZ, DIRECTOR
FIVE SANDOVAL PUEBLOS HEAD START
P.O. BOX 580
BERNALILLO, NEW MEXICO 87004

November 20, 1981

Mr. John Busa
Acting Deputy Commissioner
ACYF/ONDS
Department of Health and Human Services
P.O. Box 1182
Washington, D.C. 20013

Dear John Busa:

This letter is being written in response to the ACYF Strategy Paper entitled "Head Start Directions for the Next Three Years." We appreciate the opportunity to comment on the proposed plan and respectfully request that our comments be seriously considered. As Directors of Indian Head Start programs in New Mexico and Southern Colorado, we have discussed the various points only to realize that the unique responsibility of Indian Head Start programs to Tribal Councils, and through them to the federal trust relationships have not been addressed in these recommendations. Obviously, reservation programs stand alone and cannot be compared to inner city or rural communities in that availability and access to support services and resources remain a major problematic factor in meeting program compliance.

ACYF must also recognize that the most recent federal budget-cutting activities - specifically Indian Health Service, Johnson O'Malley, Bureau of Indian Affairs, Indian Education and CETA - have forced reduction and/or termination of certain direct services to our communities and Head Start programs. In turn, these actions will produce increased unemployment, greater economic instability and multiply already distressing social problems on our reservations.

It is now incumbent upon our Head Start programs to seek alternative resources to replace those direct services previously provided. Traditionally, Head Start has enjoyed the benefits of Indian Health Service preventive and community health programs, for example, mental and dental health services, and contract health care which has provided diagnostic and treatment services to the handicapped.

Prior to the cutbacks in federal funding, we had established exemplary service linkages with many cooperating tribal, state and federal agencies.

It seems, however, that our past efforts in developing these working relationships have been jeopardized. Tribal Head Start programs now anticipate additional service gaps due to our fiscal inability to re-establish these important resource linkages off the reservations.

We do recognize that there are no clear-cut answers to resolving these awesome conditions on our reservations, however, we feel that ACYF needs to be aware of the negative impact these changes will have on Head Start's overall performance and specific compliance areas.

With these concerns in mind, we offer the following general statements regarding ACYF's recommendations as they relate to the New Mexico/Southern Colorado Indian Head Start programs.

-It is important to understand that Indian Head Start programs serve reservation communities with basically fixed populations and are now operating full year, part day center-based programs with adequate staffing patterns to meet the program quality standards.

-The current system for the delivery of Training/Technical Assistance to our Head Start programs is the Office of Indian Child Services whose national structure effectively meets the specific training needs of Indian programs across the country. The OICS staff participates in monitoring and evaluating our programs both from their area offices and through administrative peer interaction and training programs.

-The proposed decentralization of the CDA credentialling process seems at once inappropriate considering the length of time required to establish a viable credentialling system whose standards would be equitable and valuable to our Indian staffs. For many years, CDA has been less than valuable to Indian personnel even now exhibiting low motivational levels as a result of the recent confusion in contract interruptions. Decentralization, specifically to state institutions of higher education, may place additional requirements on many individuals which they may be unable to meet academically or otherwise.

358 O—82——18

-In the ACYF proposal to determine a national average cost per child, special considerations should be given to the uniqueness on Indian reservation Head Start programs, their localities over vast land bases and, therefore, their increased operational costs related to both programmatic and ancillary services.

-In reference to the proposed reduction in day and year length of Head Start programs, the resulting increase in potential unemployment, lowered annual income and minimizing services would further increase the burden of Head Start and other reservation agencies and programs, specifically. A decrease in hours per day and days per year would show an actual decrease in individual pay check amounts and, therefore, increase staff turnover as well as affect the motivation of staff retained. Even in an area where a captive workforce has few, if any, options for other employment, the psychological factors of decreased financial compensation are bound to show up in daily work dedication and performance. In addition, the increased numbers of persons without employment would place an increased responsibility on Head Start to provide quality child care programs at a time when Head Start's financial status is demanding a decrease in activity. Who, then, will provide quality care for these children?

-Further, at a time when the present administration is discussing financial cutbacks for existing services, ACYF speaks to 1) funding for R & D and 2) increased responsibilities on administrators. Decentralization, by its nature, will demand an increase in the role of the administrative personnel, particularly in the area of creative management. What provisions are being made to maintain quality persons in this role without adequate financial compensation or administrative assistance?

Clearly, there are many misgivings about these proposed changes, programmatic impacts, etc. not to mention the apparently unrealistic timelines for accomplishment. The latest longitudinal studies have shown that Head Start is one of the few truly successful cost effective child development programs, which is particularly true within the reservation

communities in this area. Here Head Start substantiates its comprehensive approach to serving the community through our children and their families. The research findings only validate the observations of the New Mexico and Southern Colorado Indian Head Start program Directors who have a combined Head Start experience of over 98 years.

From this pool of expertise, we have long recognized the special federal trust relationship with our tribes and have seen it working to the benefit of the Indian people. It is unfortunate that your understanding of the communities' needs does not match those that are perceived within the reservation communities themselves.

It would be of great benefit to ACYF were there to be an extension of the comment period in order for tribal leaders, parents and Head Start staff members to be afforded the opportunity to further discuss and understand the implications these programmatic and regulatory changes will have on our reservation programs. Should ACYF find it possible to roll back the deadline, we would be happy to meet with OHDS representatives to offer our recommendations toward meeting ACYF's objectives.

Sincerely yours,

Lucy Gutierrez (BS)
Lucy Gutierrez, President
NEW MEXICO/SOUTHERN COLORADO
HEAD START DIRECTOR'S ASSOCIATION

LG:ra

Roy Littlejohn Associates, Inc.
1331 H Street N.W. Suite 400
Washington, D.C. 20005
(202) 638-1388

November 25, 1981

Mr. John Busa
Administration for Children, Youth and
Families, Room 5030
Post Office Box 1182
Washington, D.C. 20013

Dear Mr. Busa:

After carefully reviewing the strategy paper, "Head Start, Directions for the Next Three Years," our concern, as evaluators of the RAP network rests with the section of the paper that treats the establishment of Regional Child Development Resource Centers. Before presenting the arguments that we hope will persuade policymakers at ACYF to retain the RAP network as a nationally funded effort, we first want to commend National Head Start staff on their sustained efforts to promote more efficient operations, while continuing the quality of services to young children.

Let us offer reasons why the Regional Resource Centers as proposed will not best serve local grantees:

- Specialized services or information for Head Start staff working with young handicapped children should be provided directly to Head Start staff, not to T/TA providers. The plans for RRCs, as proposed, run counter to a major objective of this document -- to streamline T/TA assistance. RRCs can only indirectly assist Head Start staff and the children they serve.

- The services provided by RRCs have no substantive relation to one another. Early childhood special education expertise is rarely combined with bilingual skills or expertise with Homebased Head Start programs. Consequently, each RRC would need a minimum of three staff to provide regions with sufficient competence. Conceptually, RRCs may appear to be a streamlined system; in practice the staffing pattern would probably approximate the existing levels.

- Each RRC would duplicate the work of nine others, without benefit of shared knowledge, products and successes. There is no system or practice for regionally funded grantees or contractors to exchange information between and among regions.

- The RRC as proposed is at best a vaguely conceived concept, summoning many unanswered questions. Will each region have an RRC? The paper states "consideration is being given to establishing a number of Child Development Resource Centers in various locations. Will Regional Offices fund the RRCs at their discretion? For regions that opt not to fund an RRC, what provision will be made to provide assistance to grantees' efforts to mainstream young children with special needs? How will the services of RRCs be evaluated, whether formally or informally? On what premise was it determined that the handicap component of RRCs will perform more efficiently than the RAP network or meet the needs of handicapped children more effectively? The recent ACYF Evaluation of the Process of Mainstreaming Handicapped Children in Head Start recommended increased training for teachers working with special needs children. How will the RRC accomplish this when its function is one of consultation to the T/TA provider; how will the T/TA provider offer training without early childhood special ed expertise?

The strategy paper offers no insight into the analyses conducted and processes by which the decision was made to transform the highly successful RAP network into a part of an ill-defined Regional Resource Center. We believe that the Administration would be hard put to improve upon the existing RAP program. It is one of the most visible, well received, carefully managed, productive and accountable efforts ACYF has undertaken. The program is not without its problems, but in the final analysis its accomplishments greatly outweigh the problems. Selected accomplishments are cited below:

- A small core of professionals have trained 25,000 teachers and teacher aides at 448 conferences on the handicapping conditions. The conferences have generally been two day events with agendas offering between four and fourteen sessions. In addition to teaching staff, RAPs have trained over 8,000 Head Start directors, handicap coordinators, component coordinators, parents and support staff, many of whom have returned to their own programs to train others.

- RAPs have facilitated collaborative agreements between State Education Agencies (SEAs) and Head Starts in 18 states. The agreements are intended to coalesce Head Start and public school resources for the benefit of the preschool handicapped child and, ultimately, to smooth the transition between the two.

- RAPs have met more than 16,000 formal requests for service. The requests for materials, information, training and technical assistance have increased each year.

- Head Starts and SEAs are familiar with RAP projects and consistently more Head Starts rate RAP services as excellent each year; fewer than five percent have encountered problems.

- Ninety-six percent of the Head Start trainees attending RAP conferences evaluate the training as excellent or good. As a consequence of training, trainees adopt between four and five new practices for working with handicapped children and their families.

- SEAs increasingly recognize Head Start as a viable placement for handicapped preschoolers, as a result of RAP work.

The attachments accompanying this letter are unedited comments about RAP services from Head Start programs, Regional Office staff and SEA personnel.

In addition to the successes listed above, the existing RAP network embodies those characteristics which ACYF values in a T/TA delivery system.

1. RAPs perform T/TA functions which are vital to the continued success and improvement of Head Start programs.

   - RAPs support the Head Start effort to mainstream children with special requirements by providing training and technical assistance to Head Start staff.

   - RAPs identify and match local resource providers with Head Starts.

   - RAPs advise and train Head Start personnel on strategies for collaboration with other child and family service agencies so that the services for handicapped children in the community are optimally used.

2. The RAP program is decentralized. Although RAP is a nationally managed contract, the RAPs are located in all ten DHHS regions and form a network which is linked together at regional and national levels. (See attached comments from Regional Office staff regarding the benefits of the RAP program.)

   - Due to national management, uniform contract tasks assure that every grantee in the country receives a standard set of services adapted to local Head Start program needs.

   - RAPs train via statewide conferences or, at a sub-State level, via cluster workshops.

3. RAPs have been accountable to the Head Start grantee community and responsive to its needs. (See comments attached from Head Start staff regarding the benefits of the RAP program.)

   - Head Start grantees are interviewed each year by a third party evaluation contractor to determine frequency of contact, services received, satisfaction, and problems with RAP.

   - RAPs conduct a formal needs assessment annually and informal canvasses periodically throughout the year. RAP training formats, contents, and the schedules are based on needs expresaed by Head Start staff.

   - RAPs collaborate with Regional Offices and other T/TA providers in their regions to plan delivery of services and eliminate the duplication of services.

4. The RAP program is flexible. Although RAP contracts require all 15 to perform the same eleven tasks, the methods for implementation of these tasks are decided by RAPs.

5. The RAP program is stable and it has earned the confidence of the grantees it serves.

   - In annual evaluations over six years all RAP clients (primarily Head Starts and SEAs) have indicated they are familiar with the projects; consistently higher percentages of clients attribute highest ratings to RAP services, and consistently lower percentages express problems with RAP services.

   - The network has been established for six years. Approximately three quarters of the projects are the original contractors.

   - Members of the RAP network have sustained a professional commitment to serving handicapped preschoolers in Head Start.

Moreover, there are overwhelming advantages to ACYFs to continue the RAP network.

- The network has been successful.

- The 15 RAP projects are <u>already</u> a network -- with a common management information system, a practice of sharing products, techniques, and resources, and a monthly newsletter to communicate with each other.

- RAP staff members have training in early childhood special education and Head Start experience. Several prominent authorities in these fields number among RAP directors.

- RAPs have facilitated interagency agreements between Head Starts and state and local agencies for the past three years.

Thank you for your attention. We know you share our concern for quality services to handicapped children in Head Start. If you have an opportunity to respond to our questions about the Regional Resource Centers, we would appreciate a reply.

Yours truly,

Julie Empson

Julie Empson

Jan Idyll

Jan Idyll

Lee Gruber

Lee Gruber

JE/bc

Enclosure

Comments About RAP Services from
Head Start Staff -- Spring 1981

"We're not alone in our mainstreaming efforts because of RAP support."

Connecticut

"RAP really serves an excellent purpose...
Wonderful to have a group working just with handicap needs."

Massachusetts

"Of all service groups, I am most impressed with RAP ...excellent organization... very organized...training excellent."

Massachusetts

"RAP does a lot (at training workshops) that teachers can take back and use (in their classrooms) without a lot of dollars... we really need their help...we wouldn't get T/TA without them."

Vermont

"We take our whole staff to RAP training because we consider it a priority... some of the best training we've ever had."

New Hampshire

"RAP is particularly helpful to this rural Head Start where resources are not readily available."

New York

"I have never dealt with any office that responds as quickly as RAP does.. their (RAP) training left me 'excited and giddy'."

New York

"I went to visit the RAP office when they opened (five years ago) and didn't think they would be very useful, but I have been very surprised -- they have helped!"

New York

"I hope that RAP continues to be funded -- they are an asset to Head Start."

Texas

"RAP has been great in establishing the interagency agreement delineating responsibilities for Head Start and the Department of Education."

Nebraska

"RAP is tuned into Head Start -- they are a good resource to call on."

Iowa

"RAP gets back quickly with requested information... RAP staff take an interest... such good workshops... have had a lot of help from RAP."
Missouri

"RAP is very responsive... would love more onsite workshops...would like to be able to send all staff to RAP training, even bus drivers."
Colorado

"RAP is one Head Start contractor that meets our needs -- several (others) don't."
Colorado

"Very worthwhile program -- not sure how things would be carried out without RAP."
South Dakota

"Whatever and whenever we ask for something, we get it."
Utah

"RAP is a really excellent program... valuable that RAP makes itself available to non-Head Start programs too (for pooling of resources)."
Wyoming

"RAP staff are very progressive -- good advocates in California for handicapped children."
California

"I think they (RAP staff) are working wonders."
Hawaii

"RAP staff have a great understanding of problems encountered by the Pacific programs... I recommend that RAP be refunded."
Micronesia

"RAP is the best resource for the Pacific -- it is very important for the Pacific Head Start grantees."
Micronesia

"RAP training has heightened parent and community awareness of handicapping conditions and more handicapped children are being brought into the classroom rather than 'being hidden in the bushes'."
Micronesia

"I hope RAP is considered for refunding because it has been of great service to Head Start programs in Micronesia."
Micronesia

"RAP is willing to meet needs of individual programs."
Oregon

"Hope they (RAP) continue,. we don't have other sources of training (for the handicap component.)"

Idaho

"With RAP we feel like our training needs have been met."

Washington

"RAP staff couldn't have done more... they are the only ones around to help us."

Washington

"RAP offers a built-in support system for any problem..without RAP our PA26 money would not be adequate to meet our needs."

Alaska

"Easier to get answers from RAP (re handicap services) than from anyone else."

Pennsylvania

"RAP has kept us abreast of information all year,..they have been helpful to me as a new handicap coordinator...hope RAP (funding) won't be cut."

Maryland

"If a problem arises (with handicap services) I know to contact RAP."

Georgia

RAP has been a terrific support...if anyone is new in Head Start they should get in touch with RAP."

North Carolina

"RAP is a dependable resource, they always either provide or lead to solutions..,we support RAP."

Illinois

"Anything we've asked for we've been able to get...I'd still be sitting in the dark if it were not for RAP." (referring to three years of RAP's help)

Indiana

"RAP is a valuable resource for information and clarification on questions... we are pleased with the services they offer...if (this) interview has any effect on their funding next year, I hope they will be refunded."

Ohio

"RAP is our best resource - we use them a lot...they are very prompt with assistance...consistent...teachers agree -- RAP is great!"

Wisconsin

"RAP provides good follow-through in everything we've asked -- we can always count on them...a real plus for Head Start...they keep us updated on developments at the State Department of Education...we hope RAP (funding) continues."

Wisconsin

"Access to RAP is better to me than having a workshop...without RAP I have no idea how I would have survived because I was thrown into my job unexpectedly and RAP helped me with everything from job descriptions to ISP's."

Michigan

"RAP's workshops are the best I've attended...my program has really benefited... RAP and the SFC are what have made the handicap effort."

Alabama

"I rely on RAP more than any other resource provider."

Tennessee

"RAP is a great resource to call on when we need encouragement, support, and information."

Mississippi

"No one is perfect, but RAP is excellent."

Mississippi

Comments About RAP Services from
HHS/ACYF Regional Offices - Spring 1981

"RAP is available to respond to grantee needs...they provide general leadership throughout the region."

"RAP has a personal relationship with grantees...the Regional Office gets direct feedback from grantees about RAP...grantees think RAP is 'A-OK'."

"We think 'RAP' when handicap problems come up."

"Wouldn't miss a RAP conference."

"RAP's role with SEAs is a necessary role."

"The RAP network really functions as a network...they provide consistent information regarding the state of the handicap mandate...they provide opportunities to draw upon larger resources."

"I have been particularly impressed with how responsive RAP has been to individual program needs."

"RAP provides leadership and guidance for handicap services in this region."

"RAP is a ready source of expertise, materials, guidance and advice."

"We refer grantee's questions about handicap related issues to RAP."

"RAP is responsive to the needs of grantees."

"RAP offers consistent services region-wide...RAP is one locus of materials, information and support for Head Starts."

"Grantees are recruiting handicap children more than before when they used to just take referrals. (Head Start) staff are better able to identify children with handicaps."

"RAP's training and technical assistance to grantees are valuable in that they individualize to meet the needs of each grantee."

"RAP's monthly telephone calls to grantees keep RAP knowledgeable and informed and this information is passed on to the Regional Office -- which is the service of RAP that I value the most."

"The generic value of RAP is that grantees know that there is one focal point in the region to call on for referrals and consultation, and that someone has responsibility for this region (for the handicap effort)."

Comments About RAP Services from
State Education Agency Representatives -- Spring 1981

"RAP seems to know what's happening all over the country and keeps information accessible."

"RAP should be complimented on their availability...very responsive."

"RAP plans excellent workshops -- the national office should consider mandating Head Start attendance."

"RAP has a commitment to the handicapped and children in general...they are a good source of information...very prompt...very fine job."

"RAP is valuable to the SEA as a liaison with Head Start because Head Start does not have a state level counterpart."

"Hope RAP sticks around for awhile."

"RAP has done a good job of keeping me informed...totally satisfied with RAP."

"RAP helps Head Starts understand the public school system."

"Working with RAP is one of the easier, nicer parts of my job...they are an excellent resource to the SEA."

"RAP is [illegible] to me because they are the only contact I have with Head Start."

"Head Start is more accepting of the SEA due to RAP and Head Start is more acceptable to the SEA due to RAP."

"RAP is a ready resource."

"RAP's training is pertinent, appropriate and appreciated...hopes (RAP) funding continues."

"RAP (staff) deal with cultural biases very well -- not an easy thing to do."

"RAP staff do a fine job...I hope their funding continues."

RESOURCE ACCESS PROJECT
Region III Head Start
GEORGETOWN UNIVERSITY CHILD DEVELOPMENT CENTER 3800 Reservoir Road, N.W. Washington, D.C. 20007. 202 625-3639
202 625-3694
202 625-3894
202 625-3895

November 24, 1981

Mr. John Busa
Administration for Children,
Youth and Families,
Room 5030
Post Office Box 1182
Washington, DC 20013

Dear Mr. Busa:

After reviewing the strategy paper, Head Start Directions for the Next Three Years, we have some serious concerns regarding services to handicapped children and the related training and technical assistance effort. While we recognize the need for consolidating various aspects of Head Start training and technical assistance, we strongly urge you to examine the very unique and complicated needs of the handicapped children Head Start serves and maintain those support systems to individual programs that significantly enhance the quality of services to these children.

For almost two decades, Head Start has dedicated a significant part of its programmatic effort to serving preschool handicapped children. In fact, Head Start stands as the single most important mainstream environment for these children. Clearly, handicapped children have complex, multifaceted needs that require coordination of care and specialized classroom management. Understanding handicapping conditions and developing techniques for teaching the handicapped child require specialized training and skills. For the most part, Head Start staff are unprepared to meet the complex needs of the handicapped child in the classroom without technical assistance and inservice training. In order to continue to provide quality services to young children with special needs, Head Start must maintain its commitment to a strong support system to individual Head Start programs.

It is our belief that the national network of Resource Access Projects (RAPs) provides a unique, cost-effective, efficient, high quality training and technical assistance effort to support serving the handicapped child in Head Start. The value of a

training and technical assistance effort such as RAP lies in its direct benefit to grantees and the handicapped children and families they serve Through regular communication, and sharing of information and expertise, the smallest program need receives the highest level of attention and intervention

Each RAP's participation in a national network greatly enhances its value as a training and technical assistance provider There are three major benefits to maintaining a national network

1 reduction of duplication of effort
2 quality of control, and
3 broad range of resources to tackle highly complicated problems

One major benefit of the RAP as a National Network is to reduce duplication of effort.

If RAPs in all regions separately approached the common training and technical assistance needs that arise, unnecessary time would be spent The efficiency occurs by

- o sharing developed training strategies and materials
- o sharing handbooks, and guides developed to aid grantees in implementing good practice in areas of screening, assessment, diagnosis, etc.
- o effecting a division of labor through working task forces that develop materials related to important common themes, such as LEA and SEA collaboration

A second benefit accuring from RAP as a national network is to establish quality control

The RAP network is peopled by highly trained specialists who set a national standard for quality as well as quantity of services provided to grantees. This standard creates the ability for an ongoing spiral upgrading of the entire system. In effect the network functions to refine and hone approaches to problems. This process of refinement and its affect on services are well documented in the third party evaluations done on the RAP network since its inception

The third major benefit of RAP as a network is the ability to marshall a wide range of resources to tackle the highly complicated problems that relate to serving children with a variety of handicapping conditions

This occurs in two ways First, each RAP has evolved areas of specialization that can be called on by other RAPs in the network For example, one RAP's special expertise may be

in special education techniques for the blind and another's skill may lie in developing support groups for families of the handicapped While all RAPs have a substantial baseline of information on issues and problems relating to serving handicapped preschoolers, through regular meetings and on-going communication, each RAP identifies its own and other RAP's areas of specialization The intent and actual effect is that a Head Start program in a small New England town can access the skill of a specialist in North Carolina.

A natural outgrowth of participating in a national network is to employ the same principles on a more regional level Establishing and maintaining positive communication with other major services providers on a regional level assists local programs in accessing more and better services for their clients For example, large educational institutions frequently offer workshops of courses relevant to Head Start's work with handicapped preschoolers RAP's role in facilitating successful linkages between these institutions and Head Start grantees involves disseminating information about these resources and orienting these services providers to the unique comprehensive nature of the Head Start program. These two activities i e heightening awareness and orientation creates a solid foundation for establishing mutually beneficial relationships.

Because the RAP network occupies a unique position in the Head Start program, it serves as an effective catalyst, facilitator, and change agent for improving services to handicapped children On the one hand, RAPs are a request generated system responding to individual Head Start program needs for training and/or service A needs assessment is conducted each year with all grantees to determine individual grantees need for specific information, material, training, and/or services. On the other hand, RAPs implement federal mandates and policies relating to the handicapped effort at the local, state, and regional level This dual directionality makes the RAP network an unparalleled resource in the Head Start program; RAPs respond both to grass root needs and federal mandates. Furthermore, because all RAPs are regionally located these activities occur in a regional context.

All RAP services focus on local capacity building This occurs by bringing a constellation of resources and services - local, regional and national - to bear upon the local grantees. RAPs serve as an effective catalyst to the interface between public and private resources and the grantee through their broad base of knowledge and information about the human service delivery system and handicapped children. For example, RAPs have been instrumental in implementing a federal mandate for developing agreements between State Education Agencies and

ERIC Full Text Provided by ERIC

5-358 O—82——19

Head Start in all regions. From this experience, RAPs have moved to translating this effort at the local level to assist grantees in generating Local Education Agency and Head Start agreements to expand communities' capability to serve preschool handicapped children. Importantly, through the RAP network, sharing the development of these agreements has facilitated the expansion of the effort. Thus, the benefit of RAP as a national network in sharing expertise and information, enhances RAP's capacity to be responsive to grantee needs and to the implementation of federal mandates and policies.

Head Start is a unique program with unique needs. The National RAP Network has successfully met these needs by combining the people who have the expertise needed to evaluate and adapt materials with the technology which transfers and manipulates information instantly. The RAP system presently has in place a national computerized management system which is able to:

- Handle and disseminate selected resource information to meet specific needs of grantees on request or through general knowledge of their needs by grantee contact.
- Share and transfer materials and information such as training techniques, case studies, resource providers and solutions to problems for use by other RAPs. This enables the network and thus the grantees to take advantage of the network's expertise and avoids duplication of RAP developed materials.
- Collect, manipulate and disseminate regional, state and national data and program information. The enables planners to quickly identify trends and to plan proactively on all levels.
- Access numerous online (direct dial) information resource services which specialize in specific categories of information such as special education materials and educational research. This allows access to the most current information in the field allowing staff time to be spent on summarizing and adapting the information into usable form for the grantees.
- Document and evaluate RAPs' services to grantees and RAPs' effect in the field. An efficient system is presently in place which documents and assists in evaluating the categories and services provided to grantees throughout the nation. The computer provides a consistent and efficient method to continuously improve service to grantees.

Through the use of the present Apple III System and the the RAP MIS software, the RAPs handle and manipulate a substantial amount of information. This enables staff time to be spent adapting the information to meet specific program needs, as well as to observe trends and develop materials to meet national needs.

Because the RAP network is in place and working efficiently and effectively to meet the needs of Head Start programs, it is important that this valuable service not be disrupted. RAPs are a well organized network that have a reputation for excellence in the field. This reputation is well documented by six years of external evaluations. These evaluations solicit information from grantees on their satisfaction with RAP's services. Additional qualitative data is obtained from each ACYF regional office and all 50 state education agencies. The unique evaluation system demands accountability by RAPs and provides the climate for competition to achieve excellence. It also has served as the vehicle by which identified contractors have been informed of their perceived lack of responsiveness to grantee needs. Contractors whose performance did not meet the expectations of the grantees did not continue in the role and were replaced by new contractors. Currently, the RAPs are evaluated by grantees, regional offices, and State Department of Education. The information obtained from the evaluation of RAPs, shared confidentially, has consistently documented the value of the RAP network. The findings have demonstrated a high level of consumer satisfaction with accessibility, quality and level of RAPs effort. Consistently, as grantees are solicited each year to evaluate their participation with RAP services on a scale of 0-4, RAPs have averaged in 3.1 - 4.0 range.

There are five essential characteristics of a training and technical assistance delivery system recommended in Head Start: Directions for the Next Three Years. The RAP network is responsive to each of these criteria in the following ways:

- First, RAPs are a stable network that have been in place for six years and have earned the confidence of the programs they serve as evidenced in the annual third party evaluations. The network has a reputation for responsiveness to local needs, is seen as the initiator of interagency agreements and collaboration between state and local agencies, and as a system which has created many innovative products and training activities. It has a computerized information and retrieval system which can gather and interpret data to the benefit of national, regional, and local programs. It has responded to need through the activities of the RAP Task Forces which have addressed such issues of national significance as CDA competencies for children with handicaps, children identified

as speech and language handicapped, and inter-agency agreements between Head Start and the State Departments of Education. The successful relationships developed by the RAP network have taken time to build and are a result of on-going contact, nurturing, and establishing of trust.

- Second, RAPs are accountable to the Head Start grantee community because RAP's primary role is to determine and respond to grantee generated requests. The RAPs conduct a "bottom-up" approach to identifying needs and setting priorities. Each grantee is contacted at least four times a year by phone, mail, or in person to collect data which is used to determine the direction and content of training and technical assistance to grantees provided by RAP. As noted previously, an outside evaluation is employed to conduct an in depth study of satisfaction by the users of the service.

- Third, though RAP operates within the framework of a national contract, in essence flexibility is inherent in the design of the contract. The priority task for RAP is to respond to any need of a grantee related to the handicapped effort. This compliments RAP's further task of proactively identifying consumer needs in the region for training and technical assistance by conducting the annual needs assessment of all grantees. Although under contract, the RAPs have been able to adapt work plans to meet the special needs of each region and the grantees they serve. They have been able to transfer the national Head Start thrust through identified contract tasks to local, state, and region while still remaining flexible and responsive to local direction. While grants or cooperative agreements would make it easier to change and are less restrictive, the funding mechanism of contracts has not prevented RAPs from functioning effectively.

- Fourth, RAP preserves Training and Technical Assistance functions which are vital to the success and improvement of Head Start programs. RAP has a well documented track record in facilitating linkages for grantees with human service agencies. RAP has formalized agreement with numerous State Education Agencies, Local Education Agencies and Head Start programs. RAPs have assisted local programs in effecting a wide variety of linkages.

- Fifth, RAP though not a wholly regional effort, maintains the important characteristics of a decentralized program while preserving the benefit of a national network. RAPs are regionally located and are already functioning as part of a regional service delivery system. There could be little gained by eliminating the national network capabilities, as previously described, and a great deal lost on behalf of services to handicapped children and their families. While the RAPs form an important network which provides a system for technology transference, they also remain responsive to the unique needs of each region. The tasks as outlined in the RAP statement of work are responded to in a way that is appropriate to the individual region because there is not a single contractor with central control.

Over the last six years, RAP contracts have been awarded to a variety of non-profit organizations - both public and private. These include public schools, universities, hospitals, and private non-profit organizations. Some of these contracts have co-existed in settings where there are national and state special education projects, University Affiliated Facilities, and other special programs for preschool children. This diversity has provided a unique element of interface between the public and private sector to better serve handicapped children.

We appreciate having the opportunity to respond to this important document and anticipate your careful consideration of our comments. We are sure, you share with us, the concern to preserve Head Start's unique contribution of services to handicapped children. It remains the bulwark of mainstreaming education for these children, and we must work together to support this important effort.

Sincerely,

Phyllis R. Magrab, Ph.D
Director, RAP
Professor, Pediatrics
Chairman, RAP Task Force on
Response to Head Start Directions
for the Next Three Years

PM/ck

cc: Henlay Foster
ACYF Regional Office
Directors

NOVEMBER 25, 1981

NEW JERSEY STATE-WIDE HEAD START DIRECTORS ASSOCIATION

RESPONSE TO:

"HEAD START: DIRECTIONS FOR THE NEXT THREE YEARS" (DRAFT)

THE ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
OFFICE OF HUMAN DEVELOPMENT SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ERIC Full Text Provided by ERIC

I. Purpose

The intent of this paper is to provide an initial response to the October 22, 1981 draft, "Head Start: Directions for the Next Three Years" prepared by ACYF, HDA and HHS. It represents the current thinking of the New Jersey Head Start Directors' Association and may be reworded/augmented as warrented as ACYF's recommendations and strategies become more focused. The membership of the Association represents all of the states Head Start Programs and the clientele serviced include approximately 7,000 families incorporating diverse ethnic groups who live in rural, urban and suburban communities throughout the state of New Jersey. It is lamented that the restricted distribution of the "Directions" draft and the brevity of the allotted comment period conspired to limit the source and number of possible responses from the concerned Head Start community.

Our purpose is to offer analysis and commentary on those objectives, and strategies for their achievement, (identified within the above reference paper), with the intention being that this analysis and commentary be considered by ACYF as it works to identify policy, refine issues, implement strategy, and propose specific actions for the Head Start community.

We offer these comments in a non-rhetorical, non-polemical manner, in response to the invitation for comments both expressed and implied within the ACYF document. The general format to be followed herein is (1) to first identify basic assumptions underlying the analysis, (2) to offer an item by item analysis of issues, and proposals, indicating areas of agreement and of disagreement, and offering where applicable alternative proposals, (3) to offer concluding comments and a summary statement of the New Jersey Head Start Director's Association position relative to proposed directions Head Start may take within the next three years.

II. Considerations and Assumptions

The impact of Head Start on the education, health, nutrition and total development of low-income pre-school children, including the handicapped, is well documented by a wide range of groups and individuals whose committment to, and expertise in comprehensive quality child development programming is unassailable. (*, **), ACYF "Directions" draft recognizes the impressiveness of Head Start's success, as well. The draft considers "essential the comprehensive and developmental nature of the Head Start program, the priority of serving poor and handicapped children; the strong emphasis on parental involvement; and the program's community-based local orientation." If ACYF truly believes that "it is important to both preserve and...strengthen those characteristics that make (Head Start) unique,...contribute to making it work and... provide for local community ownership and support, then many of its proposed directions and strategies are in conflict with that belief and its implementation. If local orientation is respected, then each community should continue to be able to assess the needs of its families and construct programming of the appropriate nature and duration to comprehensively address those needs.

The following is a summary of some of the major assumptions upon which this paper is based. These assumptions are neither mutually exclusive nor are they meant to be exhaustive. Each will be analyzed either explicitly or implicitly within the context of the discussion to follow. They are offered here as a spring board for a definition of the positions we shall be taking.

(1) First, for the record, we must state that we are developing this paper under assumption that it will be read in "good faith" i.e., that final policy and implementation strategies, while under consideration, have not yet been proposed. We are taking seriously the indication that the ACYF document is a "discussion draft" designed to stimulate commentary and discussion which, by implication, will be considered within further deliberations by ACYF.

*Lazar and Darlington, "The Lasting Effects After Pre-School"; University Consortium for Longitudinal Studies.

**"Head Start in the 80's: Review and Recommendations"; President's Blue Ribbon Panel Report.

II. Considerations and Assumptions (Continued)

(2) Furthermore, we have developed this paper within the context of agreement with the ACYF position that Project Head Start works, and that we should work to preserve and strengthen those unique characteristics of the program that contribute to making it work.

(3) Those unique characteristics of the Head Start program that make it work include (a) the comprehensive nature of the program, (b) the developmental nature of the program, (c) the priority to serve both the poor and the handicapped, (d) the emphasis on parent involvement, (e) and the community based nature of the program.

(4) We further assume that program effectiveness has been based, in part, upon our requirement to design program options on the basis of conprehensive community needs assessments (CNA), and not on administrative or economic convenience. The CNA is conspicuously absent from the ACYF document.

(5) We are also writing under the assumption that there is room for improvement in Head Start, another factor in agreement with an ACYF assumption. However, to simply say that improvement is needed is to offer a tautology that is of little use since virtually every funded program that exists or has existed has room for improvement. The quest for improvement will play a more central role in our position.

(6) Any changes being considered in Head Start certainly need to be considered within the context of the national trend in the direction of cost effectiveness, but that changes not only consider cost effectiveness, but, also the improvement of the quality of the Head Start program nationally. In short, we are assuming that any proposed changes in the Head Start program not be based on economic consideration alone, but that we take our desire for improved quality seriously and offer this as the major criteria for evaluating program change within the context of current funding patterns.

Therefore, while we agree in very general terms with some of the objectives identified within the ACYF document (although we do not agree with a good deal of the proposed implementation strategy), we do not necessarily agree with the order of priority placed on the proposals. In short, as program managers working with public funds, we will enthusiastically embrace any changes that will lend themselves to cost effectiveness, providing that the quality of the program be increased. Any and all changes

II. Consideration and Assumption (Continued)

considered within the Head Start program should be made within the context of the dominant objective of Improvement of Program Quality.

We do not merely see improvement of program quality as a feasible objective. We see it as a necessary priority, a yardstick for the measurement and evaluation of change. While we must all recognize that current federal policies constitute a radical alteration in national prioritism and that this alteration in in policy will necessitate changes in the Head Start program, it is the position of the New Jersey Head Start Director's Association that changes proposed for Head Start be proposed not only within the context of changing national priorities as defined by the current administration, but that these changes have as their foundation a sincere desire to preserve and increase the comprehensiveness, performance standards and documented reputation for quality service delivery of Head Start within the current national environment.

The questions, therefore, are: How can we do a more effective job in the Head Start Program within changing national priorites? What objectives are realistic and feasible within the context of the necessity to maintain and strive to improve the quality of the Head Start Program? It is our contention that the objective of "change" must be analyzed within the context of possible financial restrictions; however, the intent of the Head Start legislation to maintain standards "no less comprehensive than those in effect on the date of the Economic Opportunity Amendments of 1978."* To this end, we strongly oppose the proposed trend to deregulate monitoring by the ACYF/OHDS officials who are aware of the standards for performance and are in position to assure that Head Start Programs in all states and territories operate in a manner in which performance standards are met or exceeded.

*"Congressional Record" - U.S. House of Representatives, July 29, 1981.

III. Item Analysis

1. Head Start Enrollment - Is it possible to maintain or possibly increase Head Start enrollment while increasing the quality of the program, and considering current funding patterns?

2. T.& TA - Assuming that the delivery of T & TA needs improvement, how can this best be accomplished while improving the quality of the Head Start program, and considering current funding patterns?

3. Community Linkages - How do we strengthen Head Start's relationship with other community agencies and service providers, thus increasing our program effectiveness and allowing for current funding patterns?

4. Improvement in Management and Administration - What specific improvements need to be made in the sphere of the management and administration of the Head Start program on both the federal and local level which would increase the quality of the Head Start program and take into consideration the current national funding patterns?

5. Quality Improvement - What other factors need to be considered in the improvement of program quality within the context of current national funding patterns?

IV. Head Start Enrollment

We maintain that it is discrepant for ACYF to, at once, have as major objectives the maintainence of current Head Start enrollment levels, and the improvement of program quality while accepting a stasis in funding dollars.

When we recognize that the benefits derived from Head Start as evidenced by lower special education costs and increased life time earnings of participants by 2361, the economies we are proposing may be false.

If a proposed economic "trade-off" says that generally education, health, and social services must be provided but not in a manner that will improve the functional life condition of the low income child, then we are not talking about Head Start.

For Head Start to continue it will require a responsive T & TA network mandated federally and coordinated regionally.

Local orientation and program (LDO) has and should continue to be Head Start watchwords. Programs that can clearly demonstrate a local need for service irrespective of the daily hours or yearly duration of operations should be permitted to continue them. Programs should have the local responsibility/flexibility to assess their community conditions in fiscal year '82 given

IV. Head Start Enrollment (Continued)

the reduction in other available service. In New Jersey alone, 5 title XX state operated day care centers will be closed before the end of November, 1981. Others will experience severe service reductions. "Workfare" can require a mother with children 3 years or older (Head Start eligible often) to seek employment at minimum wages. Economic pressures will push additional mothers into the work force. All of these factors will require greater than lesser child care demands for lower hours and more months of the year. The need for PCC's will continue to be important. The under provision of vital services is not on economy, but creates conditions that must be faced and paid for at far greater human costs.

A cost per child "floor" rather than a "ceiling" should be considered by ACYF. We should guarantee that no program falls below a certain level of per child appropriation. If ceilings are to be considered, they should be hourly ones that would take into account the duration of program (daily, weekly, yearly.) Further such a ceiling should be weighted to account for local cost of living (impacting especially food, utilities, facilities and transportation), the presence or absence of transportation systems and other factors. To look only at supposedly "low cost" programs, and the supposed "high cost" programs without designing a measure to ascertain what the "low" and "high" dollars purchased in services would be misleading and perhaps discriminatory.

Ostensibly, Head Start is a "social safety net" program. Upon closer examination, the support webbing of the net is being cut. It was the intent and spirit of the Congress for Head Start to be funded at the $950 million level for fiscal '82 at $1,007 billion for fiscal '83 and at $1,085,357,840 for fiscal '84. The "Directions" draft assumes a 12% cut in the expected '82 funding level, an uncertain level of finding in '83 and the maintainence of '83 uncertainity into fiscal year '84.

The most immediate budget fight in the United States Congress (November 22, 23, 1981) centered on 2% to 4% cuts from the Head Start budget, with a presidential veto making the size of the slash to Human Services Programs unmistakeably "up for votes". Cuts in services to the poor are proposed at a time when the number of poor has reached 23.9 million. * This rise of 3 million poor from 1979-80 reverses 20 years of movement from poverty by America's poor. **

The Federal budget changes have already impacted state budgets as well. In New Jersey alone, 5.9 million dollars have been cut from vital service programs.

*"Money, Income and Poverty Statistics of Persons in the U.S.": 1980. et al. U.S. Census Bureau.

**"CDF Reports". October, 1981.

IV. Head Start Enrollment (Continued)

AFDC benefits are to be cut by 60 million dollars. Notably 14.4% of the heads of AFDC families, primarily female are employed and benefits to their children may be eliminated or substantially reduced.*

The proposed cuts directly to the Head Start budget and to the support programs (Welfare, Medicaid, EPSDT, etc.) that are vital to the low income families and to those with handicapped children whom it serves diametrically oppose quality child designation of Head Start as a "safety net program" implies.

We feel that Head Start enrollment can be maintained but to increase it would alter quality to an appreciable degree.

V. Training and Technical Assistance

Any change in the present delivery system for T & TA must include the input of those who are to receive services. One feasible way would be to establish a Task Force of Head Start Directors within each state to analyze the feasibility of any system proposed, the appropriateness and ability of grantees under consideration and to aid in the selection of the institution to whom the grant for providing T & TA is awarded.

*"Position Paper on Federal Human Services Budget Reductions." The N.J. Human Services Coalition, Fall 1981.

VI. COMMUNITY LINKAGE:

Federal cuts have already decreased the services that community agencies are providing to Head Start. Private industry is, too, being hurt. Generally, Head Start Programs are committed to utilizing available community resources. However, we must be cognizant of the fact that local resources, including those for the handicapped, are likely to diminish rather that expand.

For example, states will no longer be under penalty for failure to provide EPSDT services. It is anticipated that the funding for and provision of those services will be negatively affected. Medicaid is being reduced by millions in New Jersey alone. This appears to be an ever decreasing resource. USDA will be providing fewer reimbursement $ to programs. CETA, the major source for employees not paid through Head Start funds has been completely eliminated. Under these circumstances, we cannot envision an increase in the services that Head Start can receive from other community agencies. We must also keep in mind that our major thrust is in maintaining a degree of service that takes into account human dignity that will motivate the development of the potentials that human beings already have. The present manner in which many existing social services within the community at large are delivered does not support this concern.

While the draft lauds community-based local orientation, it is pushing Head Start toward state control. It seems unlikely that the very state and local agencies that have been unresponsive to poor families in less economically strained times (in fact their unresponsiveness prompted the Head Start policy of parent involvement) will not provide a meaningful avenue for parent and community input. The federal role in the face of budget constraints should be to monitor even more closely to ensure the provision of vital services rather than allowing 50 states to make laissez-faire political rather than child development deoisions. Sustaining that level of funding cuts over 3 years will do serious damage to Head Start's ability to function maximally. To imply otherwise is cruel and inaccurate.

VII. IMPROVEMENT IN MANAGEMENT AND ADMINISTRATION:

We agree that cumbersome regulations should be streamlined; however, this does not mean deregulation. It is vital that any assessment tools that are withdrawn (such as the SAVI) must be substituted with management tools that will allow at least comparable means for programs to evaluate their effectiveness and quality. We would welcome assistance in management training that would assure the "best" delivery of services.

VIII. QUALITY OF IMPROVEMENT:

A number of the strategies proposed are discrepant. The misconceptions lie in the proposed relationships between quality, adult/child ratio and staff salary increases being possible under the federal limitations. The move seems to be toward less monitoring. This will tend to lessen quality for Head Start, T/TA, CDA, etc. The focus of the paper is in terms of political and/or economic factors as opposed to quality service.

There is danger in allowing the change in interpretation of regulations to change or diminish the comprehensiveness of the law that established Head Start. The posture of the draft seems to put Head Start in a position to fail.

CONCLUSION:

Many of the alternatives suggested in the draft seem to us sure means of failure of the Head Start Program. Clarity needs to be given to the proposed 8 month maximum year and 6 hour day. Does 8 month year mean service year or operation year? It does not seem reasonable to expect staff to favorably consider working for only 8 months. If the remaining 4 months are to be supported by either welfare or unemployment would not largely curtail the federal dollars spent. Staff turnover would become horrendous.

Facilities for operation sites are not leased on an 8 month year. And many other areas of concern when endeavoring to meet the needs of the eligible population within the community would be weakened.

It is our hope that the Administration for Children Youth and Families is honestly seeking to continue Head Start as a program that meets the needs of children and families through a comprehensive inter-component approach that helps both children and their parents to reach their highest potential. In that regard, we feel that any change in direction should incorporate the input of local programs, who have labored to acheive the Head Start Program that works!



NATIONAL MIGRANT HEAD START DIRECTORS ASSOCIATION

P.O.Box 917
Laredo, Texas 78040
(572) 722 5174

Romeo Sifuentes
Chairperson

December 2, 1981

Mr. Warren Master
Acting Commissioner
Administration for Children,
Youth and Families
P. O. Box 1182
Washington DC 20013

Dear Mr. Master:

Enclosed is our response to the ACYF Issuance - Head Start: Directions for the Next Three Years.

We appreciate the opportunity of responding, though we wish that a process to assess needs and to set priorities and solutions had been afforded by ACYF to our parents, staff and communities on a much more timely basis.

We will forward to you shortly a summary of our needs and proposed solutions that we believe are practical and cost effective.

We stand ready to assist you at all times in a dialogue designed to improve the opportunities for children of migrant families and for Head Start programs everywhere.

Sincerely,

Romeo Sifuentes
Chairperson
National Migrant Head Start
Directors Association

RS:mb

"Los Niños -- El oro y futuro de la gente"

NATIONAL INDIAN HEAD START DIRECTORS ASSOCIATION

107 CAROL STREET TAHLEQUAH, OKLAHOMA 74464
(918) 456-0671 EXT. 238

OFFICERS

PRESIDENT
YVONNE BUSHYHEAD
OKLAHOMA CHEROKEE
HEAD START

VICE PRESIDENT
ARNOLD YAZZIE
NAVAJO CHILD
DEVELOPMENT PROGRAM

SECRETARY
JO ANN ELLIOTT
NORTHERN CHEYENNE
HEAD START

TREASURER
BOBBIE PIDGEON
QUECHAN HEAD START

December 2, 1981

Mr. Warren Master
Acting Commissioner
Administration for Children,
Youth and Families
P. O. Box 1182
Washington DC 20013

Dear Mr. Master:

Attached is our response to the document - Head Start: Directions for the Next Three Years. The members of the Indian Association welcome the opportunity of presenting to ACYF our views on this document. Considering the far reaching implications of the material, we are very concerned about the limited time we have had to review this with our parents, our staff, our Tribal Councils and those service providers with whom we work.

We will submit a special report to you in the near future that summarizes the needs of our program and that proposes solutions. We look forward to meeting with you.

Respectfully,

Yvonne Bushyhead

Yvonne Bushyhead
Chairperson
National Indian Head Start
Directors Association

YB:cm

ERIC

A Response By The
National Indian and Migrant Head Start Associations
To The ACYF Paper
Head Start: Directions For The Next Three Years

In developing a rationale for its budget request of $950 million for FY82, the Administration for Children, Youth, and Families submitted a document to Congress in the spring of 1981 that included the statements that follow. It is important to re-read these when considering a response to the Strategy Paper:

". Head Start services are provided through a nationwide network of 1,260 grantees, serving approximately 2,000 communities. The program employs approximately 71,900 persons in these communities, 25 percent of whom are parents of current or former Head Start children.

. Head Start also conducts research and demonstration programs, such as the Child and Family Resource Program which is developing and testing methods of delivery of family oriented child development services using linkages with other community resources.

. The 1982 budget level request of $950 million will provide direct comprehensive child development services to 374,300 preschool children and their families. In addition, this year's request will restore or improve the quality of Head Start projects in several key areas that are directly related to child gains, such as reducing overcrowding in classes, improving projects' capacity to hire and retain qualified and experienced staff, and providing adequate physical facilities.

- All of the requested $130 million funds increase will be provided directly to local Head Start projects. Of this amount, $78 million will be used to aid projects in offsetting higher operating costs due to inflation so that current levels of enrollment and program quality can be maintained. Enrollment in full year Head Start projects will remain at the 1981 level of 366,300 children.

- After using $78 million of the $130 million funding increase to offset higher operating costs, the remaining $52 million will be used to take steps to restore and upgrade program quality in key areas where there have been losses due to the impact of inflation. Approximately $14 million of the $52 million for quality improvements will be used to add 635 classrooms and 1,270 related staff to existing Head Start programs. This will enable projects with overcrowded classrooms to reduce average class attendance to nearer the level of 15 children per class required for sound developmental programs and to improve staff to child ratios. Currently one-third of all Head Start classes have enrollments of 20 or more children which result in actual attendance in excess of 15 children.

- As the process of converting Summer Head Start projects to more effective full year operation is continued, summer enrollment will fall from an estimated 12,200 children in 1981 to an estimated 8,000 children in 1982. The small increase in full year enrollment which will result from such conversions will be offset by enrollment losses in full year projects in states which are not eligible for funding increases under the statutory allotment formula.

- Approximately $33 million of the $52 million for quality improvement will be used to increase the salaries of Head Start teachers, classroom aides, and other personnel. Head Start salaries have been historically low both in absolute terms and in comparison to wages paid for comparable jobs in local communities. For example, in 1980, nearly half of Head Start employees earned annual wages

below $6,230 which is the Federal poverty line for a family of three. Upgrading staff salaries will improve the overall quality of services provided to Head Start children by enabling projects to attract more skilled teaching staff and by reducing currently high rates of staff turnover.

- The remaining $4 million in increased funding will be used for the improvement of facilities to help projects meet state and local health and safety standards. A number of projects currently have some degree of noncompliance with local codes or Head Start regulations.

- In addition to local program operations, Head Start will continue a number of training, research, demonstration and evaluation initiatives in FY 1982:

  - Training and technical assistance. A variety of training and technical assistance activities will be directed toward assisting local projects in meeting program performance standards in component areas such as education, social services, parent involvement, and health services. Other major efforts include continuing the Child Development Associate/Head Start Supplementary Training project, aimed at improving the competence of classroom staff; assisting local projects in improving services to children enrolled in Head Start home-based programs; enhancing bilingual/bicultural aspects of programs; and providing technical assistance and training to improve services to handicapped children. In addition, there will be a continuation of efforts begun in FY 1980 and FY 1981 to improve the administrative and financial management skills of staff employed by local Head Start programs.

  - Research and Demonstration. Four research and demonstration projects will be continued in FY 1982. The Child and Family

- Evaluation. Evaluation projects which assess the effectiveness of the major research and demonstration efforts and Head Start programs and program components will be continued in FY 1982, as will a project which is developing measures for assessing the effects of Head Start on children. No new evaluations will be started in FY 1982."

Many of the values, concepts, and programs expressed in the above statements of ACYF in the spring of 1981 were lost by ACYF by summer and not just because of a potential funding cut from $950 million to $832 million. There is no reason to expect ACYF to push for so-called "deferred increases" for FY 83, as stated in the draft. Certainly there was never any intention by ACYF, as confirmed by the ACYF Acting Commissioner in August, to advocate or request of Congress an appropriation for FY 83 of $1.007 billion, as authorized by Congress.

This response to the "Strategy Paper" centers not only on the funding issue, but also upon advocacy for Head Start, "tinkering" with a program that works well, avoidance of local input and local decisions and expediency posturing. Of particular concern to the Head Start community is the rush job that this "Strategy Paper" has placed upon it. That paper, dated October 22, 1981, was first received by an IMPD program on November 10. Some programs across the country received official Regional mailings--the first mailings--as late as December 1. Most IMPD Grantees did have the opportunity of reviewing the draft, though it must be recorded at the outset that there was little opportunity of review by the Grantees with Delegate Agencies, with parent groups or with the general support base of the Head Start community.

In the case of migrant programs, the material arrived during a time of transition. At the upstream or user areas, there was a program close-down operation in effect, whereas, at the home-based sites, migrants had generally not yet returned. The timing for migrant response could not have been worse for full community and parent input. Before any other

content point is developed, that point must be underscored. Parent involvement has been a cornerstone of the Head Start Program since inception, yet the opportunity of preparing groups to have time for review and comment on this document has been ignored by ACYF officials. Nor was there any thought given by ACYF towards the multilingual needs of the target populations, Indian or migrant. The translation requirements are immense.

For months, a select group of ACYF officials have conducted a closed review of what they percieve to be the problems and remedies of Head Start. The same officials alarmed the Head Start community through a supposed in-house communication called the Hopkins Paper, and followed that with the issuance to which these comments are directed. Working from a monolingual base and with a considerable time period for review, analysis, and revision discussions, those officials now require a near immediate turn-around response time from a low-income population dispersed across all of our country and with a multiplicity of language needs. We are puzzled and surprised by the changes contemplated, by the "urgency" of it all, and by the failure to include Head Start parents and staff in needs assessment and solutions. Indeed, the initial paragraph of the draft states that "this paper provides a brief overview of the objectives that ACYF has established for Head Start over the next three years and of the actions that can be undertaken to achieve them. It represents our current thinking concerning what directions to pursue and what is most important to accomplish within the period of Head Start's legislative reauthorization."

That paragraph is followed shortly by this one, "In considering how we would respond to the Assistant Secretary's request, we thought it useful and in keeping with the intent of the assignment to define the task in terms of two general questions: First, what objectives do we believe are most important and feasible to pursue over the next several years; and second, what strategies or actions should be implemented in order to achieve those objectives? We also believe that framing the task in

terms of these two questions would of necessity compel consideration of broad programmatic and budget policy issues, as well as issues of a more operational and administrative nature."

So after months of work, ACYF in a folksy, personal pronoun presentation (our, we, her) submits "the objectives that ACYF has established . . . and the actions that can be undertaken to achieve them." Then and only then does it permit its deliberations to be viewed by others during a brief comment period. ACYF officials decided to go about this mission without input from the field--parents, directors, staff, former parents, and the broad-based community that supports Head Start (even though that very obviously is where substantial knowledge is) until the very last.

To state that the issuance is merely a "discussion draft" is nonsense. It is much more than that. It is a report long in the making, refined and refined again, and submitted as "our current thinking." To suggest a premise that "we will elicit views and suggestions of interested persons and organizations," and then fail to provide time and distribution for that full review, especially by the most affected group of all, Head Start families, causes one to consider just how much involvement was wanted and how much will be accepted.

Feelings are facts, probably the most basic facts of all. There is a feeling across the Head Start community that the administration does not intend to meaningfully seek the advice and input from those who participate in and direct local programs. While eschewing local control, the administration ignored local participation in discussing current status and future directions of Head Start while such discussions were in the formative stages. Though professing a position of local decision making, the administration adopted a big brother syndrome of "I know what is best for you." And then the administration says to those fortunate enough to get a draft and be able to read/understand it, "Hurry up with your comments because we're on our way."

There is a great deal of difference between expediency and effectiveness. There is also a great deal of truth in the statement that one works most diligently at those things that he has shared in deciding. Head Start has been around a long time and will be around for a long time to come. The universal success it has enjoyed has been through a diversified structure with tremendous involvement in the decision-making process at the levels where the program operates. It is truly unfortunate that in the haste to put some sort of change agent in effect, there was not time taken to consider the process by which changes, whatever they finally may be, would be put into effect.

None of the comments above addresses specific items contained in the issuance. But all of the comments above are germane to the perception by which the issuance is received and of logistics associated with it. Damage has been done to ACYF by the manner in which it proceeded, and damage has been done to Head Start in the process. That should not and need not have occurred, and that is what the foregoing preliminary comments are all about.

A General Observation. President Reagan, former President Carter, and both branches of Congress have supported a $950 million level for Head Start. The need for at least that amount is clearly evident and well documented by ACYF in material prepared for Congress last spring. While some of the proposed policy changes in the draft could be beneficial, most will not be possible to achieve at even a $950 million level and certainly not at $832 million.

Objective No. 1 - Maintain and If Possible Expand Head Start Enrollment

The draft contains a number of sections in testimony to the success of Head Start as a comprehensive child development program. That quality will only be maintained with additional funds. Regional audits, program monitoring, and GAO reports attest to the cost effectiveness and fiscal accountability of Head Start programs. There is no fat. The draft proposal is to find funds by:

. The $13,000,000 increase.
. Utilization of a portion of T/TA and R, D and E Programs.
. "Savings" through more economical operation.

ACYF has already summarized for Congress the economic plight of Head Start staff. That staff, sadly underpaid historically and projected at 75 percent of total expenditures by ACYF, would require an increase of 66.4 million dollars just to offset inflation, based upon the CPI of 10.8 for the year ended September 30, 1981. The balance of the 25 percent of program costs are described in the draft as "relatively uncontrollable - rent, utilities, food, and some elements of transportation services."

The draft continues with a statement that clearly summarizes our situation:

> "Most local programs have had to place stringent limits on the growth of staff salaries and fringe benefits. Many have also had to reduce the number of staff employed or their hours of work. Thus, coming in one fashion or another, all local Head Start programs have had to take steps to offset inflationary pressures. In some cases, the result has been a decrease in hours of service (typically a change from full-day to part-day operations). In other instances, local program actions have adversely affected service quality--resulting, for example, in classroom overcrowding and salary scales that make it very difficult to attract and retain qualified staff. Yet, in other cases, there has been a permanent reduction in the number of children served. Inflation, even at the reduced rates anticipated for future years, will continue to diminish the purchasing power of Head Start appropriations."

Well stated.

Training and Technical Assistance

The savings from T/TA, though not identified by amount, will not be appreciable. The transfer to local programs through consortiums or other arrangements is welcome and will provide for more effective return

on T/TA expenditures. The need for training dollars for IMPD programs is imperative, particularly for multicultural CDA efforts.

Research, Demonstration and Evaluation

Phasing out research, demonstration and evaluation projects should not be done. The programs are as vital now as they were last spring when ACYF spoke strongly of their value. We do not have many answers and certainly not all of them. All growth--business, industry, labor, and the human service field--is linked closely with research and evaluation. Demonstration projects are essential for adoption, adaption, and transportability, and through that process, are very cost effective. The report to Congress by the Comptroller General, Early Childhood and Family Development Programs Improve the Quality of Life for Low Income Families, February 6, 1979, speaks in glowing terms about CFRPs and PCCs. The substantial body of research clearly documents the benefits of early intervention. The concepts embodied in these programs have been extended beyond the funded number of programs and serve as a major resource to basic Head Start. These two programs should be made part of regular Head Start as an option for local communities at a basic funding formula.

Infant and Toddler Services

It is especially important to the Migrant programs that services for infants and toddlers continue. Without those centers, infants and toddlers will again go to the fields with their parents, or an older school-aged child will stay home to "care" for them, or they will be shunted about, because when already limited work is available, migrant families must work. The effect upon school-age children, forced to stay home and care for young ones, would be devastating. It would perpetrate the cycle of poverty and have a negative major impact upon the Title I Migrant Program.

Full-Day Programs

Full-day Head Start programs should not be eliminated as a local option. We appreciate the fact that programs serving migrant children will be

exempted from this policy. We believe, however, that all programs should be exempted--that is, the policy should not be adopted. Full-day services are becoming more and more difficult to find as federal and state funds for child care are cut. Head Start is the only such option available on some Tribal lands. Compounding this is a requirement for single parents of preschool children to find work. This full-day service is vital for low-income people to stay off welfare. Reducing the length of day and year will also seriously affect staff salaries already low and staff turnover already too high. In addition to the detrimental effects upon the child and program quality, continual retraining is a very costly item. It is a blow to the Head Start parent who has volunteered long in the program to obtain a decent job. The opportunity for full-day program should continue to be made available as local needs require.

Per Child Costs

We share the concern about variances in per-child costs, and we would be glad to participate in any cost analysis effort. We would point out, however, that the factors that can cause disparities, i.e., local operating environments, geographical range, transportation, center availability, age range, prevailing economy, local negotiating contracts, bicultural materials, distance from health and other service providers, and more, all contribute to cost variances. We appreciate that this subject area is concluded by a statement that "the setting of cost limits is an issue that will require further thought and analysis before policies. . .can be implemented. We propose to pursue further analytical work in this area during the coming year . . . ." We recommend to ACYF that field staff and parents be involved from the outset in that effort.

Grantee Consolidation

Consolidation of Grantees is not be a factor in IMPD programs. Migrant programs already serve a large geographical base. This approach from the national office is desirable because of the national character of migrant programs, transcending counties and often states in program

operation. Indian programs are either peculiar to a given tribal council setting, in which case consolidation with other councils is not feasible, or they already operate consortiums serving a large geographical area, both for program effectiveness and for reduced costs. Consolidation would not be a cost effective measure for those areas of the country in which IMPD programs operate.

For other than IMPD programs, we urge a very cautious approach to this item. In many sections of the country, the Grantees are far apart and serve clearly defined geographical areas. Travel conditions pose one barrier to consolidation, but an even more vital factor is the track record and linkage that programs have developed within communities. This local acceptance would be difficult to replace.

Agency Linkage

The matter of inter-agency collaboration and utilization of local resources has always been sought at local levels. But it is not simply a local matter. It is a national responsibility. There should be a national priority to see that agreements are in place with all departments, particularly HHS, Labor, Energy, Education, Agriculture, and Interior. This is particularly crucial to Indian and migrant programs that serve wide geographical areas and are affected by countless regulatory agencies. The concept of seeking local resources is not new to Head Start. It is basic to program operation. But, simply stated, National Endowments, United Way, and other such organizations predict a much tougher time for obtaining resources this year and in the future. The competition is fierce for those little dollars that exist.

Volunteers

Volunteers have been a cornerstone of Head Start and will continue to be. They cannot, however, be expected to take the place of paid staff. Moreover, the work-fair rulings variously in place across the country coupled with projected federal guidelines, will cause exits from the volunteer program as parents, particularly single-parent families, are

required to work or look for work. In the migrant program, the source of volunteer effort is most difficult because parents are involved in harvesting crops and the centers are generally isolated from other potential volunteer resources.

Objective 2 - Improved Program Quality

Class Size, Staff and Salaries.

It is difficult to reconcile statements in the Strategy Paper like "Improving the quality of Head Start is a major ACYF objective for the next 3 years" and "The quality of child care programs has a significant influence on the extent to which poor and handicapped children realize developmental gains" with statements that indicate that the writer(s) propose to somehow reduce staff costs with nontrained volunteers from a variety of (nonexistent) sources. Trained staff, working on a continuum of employment, give the substance and character needed for the program. Volunteers already supplement program operation in amounts unparalleled in any state or federal program in history. But the key is that they supplement, they do not and should not supplant.

We concur with the need to reduce class size and to increase staff salaries. To do this requires either a reduction in the number of children served or an increase in funding or both. The mathematics disprove any other contention. The draft states that "assuming the availability of sufficient resources in FY1983-1984, our plan is to carefully target funds among existing local programs so as to eliminate at least the most serious instances of overcrowding. Increased fundings would be made available to local programs on a selective basis to add both classroom facilities and a teaching staff necessary to operate them." ACYF has previously estimated that it would require $14.6 million to provide 635 classrooms and employ 1,270 staff to properly reduce class size across the country. That is a very optimistic figure and is based upon FY81 CPI and current low salary scales. A realistic plan to reduce class size is necessary and we support such attempts. It

will take money. We appreciate the data presented in the draft that clearly depicts the low salaries paid Head Start staff and the high turnover incidence. We also strongly endorse increasing salaries of Head Start personnel. Approximately $66.4 million is needed for FY82 just to offset the CPI increase. That would do nothing, moreover, to close the disparity of wages paid in other programs of comparable skills, training, and responsibility. It will take money.

SAVI/PIR

We want more accountability, not less. That is why we will continue to use the SAVI and to print the Performance Standards ourselves until new ones arrive. We agree that the PIR, though collecting some very valuable data, is limited in scope. We believe that good, objective data collection will assist local programs in evaluation and in community support and will assist ACYF in Congressional and state relations.

Parent Training

We endorse the statement that parent training is a prime candidate for renewed emphasis and that an expansion of local Head Start activity in this area should be encouraged. We would likewise encourage ACYF to make available to Grantees multi-lingual materials appropriate for parent groups. The strain for local programs of doing so is tremendous and duplicative across the country. We propose at least a central clearing house for collection of those items that have been translated across the country.

Staffing Analysis

The development of staffing analysis information would be a useful tool for local programs to have and would provide a comparability base, provided that the analysis takes into account local conditions of program operation. For example, migrant programs serve a twelve-hour day, and at certain times, six days per week. Staffing patterns need to take into account child contact time, parent contact time, planning time, and training needs. Those factors are generally now available in part-day

programs where child contact is three to four hours and also in home-based programs. Allowance for program needs beyond pupil contact hours should be retained for those programs. Any restriction will have a direct relation to program quality. The need in migrant programs is to provide an allowance for these factors within the employee's typical eight-hour day. The statement that "personnel costs constitute about 75 percent of local Head Start operating expenses, and is therefore an area that may offer significant potential for saving" should be revised to read "and offers significant potential for increase." For too long a time, employees have carried the cost of Head Start through a low salary base.

Developmental Aspects

We do appreciate the statement that Head Start has a distinctly developmental purpose and that Head Start and "day-care" programs differ in fundamental purpose and in the nature and scope of services required to be provided.

Cost Analysis

We welcome participation in cost analysis procedures in attempts to gain greater efficiencies. Such information/processes would be valuable for local programs.

Planning

Migrant and Indian programs each have an Association in which all Grantees participate. Joint planning by officers of the two Associations is ongoing and component expertise is shared. The Associations intends to strengthen this through a shared training and technical assistance program.

Transportation

Transportation is an extremely costly item in both programs. The centers are isolated. There is rarely the opportunity for shared ownership of vehicles. The most expeditious routing is already maintained. We

welcome a review of potential improvements for vehicle maintenance and replacement programs. This factor impinges upon migrant and Indian programs more than any other segment of Head Start. Roads are frequently unpaved and/or not maintained. The effect on buses and vans is tremendous. There is no other transportation system available. We welcome collaborative procedures in obtaining access to lower insurance rates.

Data Collection

We welcome improvements in the type of information that will enable local programs, ACYF, or Congress to more efficiently discharge program obligations.

Resources

Head Start programs across the country and with every option have historically generated community resources to the fullest extent. If there are isolated examples of programs that fail to do this, then that is an opportunity for regional staff to give assistance. But it is simply not realistic to expect Head Start to somehow magically mobilize more and more state and local resources. Those resources do not exist. They have been cut at the federal, state, county, and local levels. The triple whammy of budget cuts, tax cuts (with resultant effect upon charitable contributions), and inflation have produced devasting effects upon the availability of local resources.

The recent report by the U.S. Conference of Mayors, The FY82 Budget and the Cities, states that "a new survey of 100 American cities reported that federal budget cuts have caused layoffs of employees in three out of every five cities, caused tax increases in two out of five, and reduced public services in many others." That report was released by the Joint Economic Committee of Congress and contains these statements as well: "The survey asked cities for the effects of federal cuts on public transportation, housing, community development, public assistance, waste water treatment programs, education, public jobs, parks and recreation programs, and public works. It found cuts are imposing immense burdens

on city budgets, resulting in massive layoffs, service reductions, tax increases, and postponement of needed capital investments. A full 61 percent of the cities report layoffs, with an additional 13 percent anticipating they soon will be forced to take similar action. Forty percent said they have raised taxes or soon will. A total of 69 percent of the cities responding to the survey said they have or soon will cut back services. The reductions are increasingly eating into health and welfare programs, public work projects, sanitation services, and fire and police protection. The cities are suffering immense and diverse costs from the elimination of 300,000 jobs under the Comprehensive Employment and Training Act." The survey concluded that "Reagan's new 'federalism'--shifting spending and taxing authority from Washington to states and local governments--has not worked."

Every indicator validates that there are less, not more, local resources available--less medical/dental services, less food services, less welfare services, less handicapped services, less EPSDT/Medicaid services, less mental health services, less other paid staff services, less, less, less. To create a landscape scenario that says, "stimulate more" is not realistic and is not sound planning. The Strategy Paper indicates that 16 percent of Head Start staff are paid in full or in part from non-Head Start funds. Most of that was CETA and is now gone. Replacement of that amount will take $98.4 million for FY82, not including any inflation factor adjustment.

Objective 3 - Improve and Streamline the Delivery and Training and Technical Assistance

T/TA Delivery

We concur with most of the findings in this section including the identification of the five essential characteristics of T/TA delivery systems. Our experience has been that national contractors are very expensive for the services delivered and the services do not always meet local needs. We would like to see periodic in-depth validations maintained, perhaps on

95-358 O—82——21

a variable accrediting basis. That process, however, should use peers and regional staff for compliance and quality factors.

CDA

With respect to the CDA issue, we are concerned about decentralization. We want to see a consistent CDA national focus and standard, with independent assessment, training, and credentialing. Particularly for migrant and Indian programs, we need to maintain an open credential whereby all members in the field have opportunity for participation, not necessarily structured or administered by a single university. Given the language, mobility, and culture of Indian and migrant programs, bicultural CDA training is vital. Funding for IMPD programs for this is woefully lacking. We are pleased to see the competency concept extended to other job skills, including home visitor, infants/toddlers and special needs children.

Regional Resource Centers

We do not see the need for separate regional child development resource centers, believing that the function can be assimilated with the T/TA provider, whether on a Grantee, state or regional basis. These centers would be another layer of funds removed from the program.

Objective 4 - Strengthen Head Start Relationship With Other Public, Private, and Voluntary Agencies and Organizations

Service Agreements

Head Start is local community involvement and cooperation in its very best form. It has been that way from inception. A substantial part of the resources have been generated from other than federal grant funds. The track record of programs is admirable. The linkage with other human resource providers and the coordination with staff of such agencies are integral parts of Grantees and Delegates. Indeed, we could not operate otherwise. In some instances, binding agreements are in effect; in other instances, informal arrangements have been made. What is needed is for ACYF to take the leadership on a national scale, and develop

agreements and consensus of resource utilitization with all the federal array of departments that concern Head Start. Our programs cross large geographical areas, and thus, we need service agreements in each operating section of the country. We will continue to link with education, but does the Department of Education understand that its schools should link with us? We will continue to work with a variety of programs in the Department of Agriculture, those that are left, but does Agriculture understand potential commitments and agreements to serve Head Start? ACYF abrogates its responsibility when it does not vigorously advocate national interdepartmental agreements to the fullest extent. Realistically, at the local level, the basic effort is to maintain linkage systems in a declining economic base. ACYF should not expect or in any way project planning on assumption that state and local government or private resources will initiate new programs or pick up the slack of federal cutbacks. That is not happening, nor will it.

Technology Transfer

The technology transfer projects as described are good concepts. Some, like school linkages, are successfully in place in many parts of the country. They are represented by CFRPs as well as basic Head Start. The development of sequential bicultural curriculum for migrant children has long been an effort of IMPD and Title I Migrant. The migrancy patterns require a commitment to excellence by HHS and the Department of Education. The solution is a matter of articulated agreements from the national to the local level.

Objective 5 - Improve the Administration and Management of Head Start

Regulations

The relaxation of regulations couched in the guise of local control may in fact serve to dilute program quality that has been carefully crafted and nurtured over a decade and a half. We have never considered that ACYF has been a bureaucratic monster running amuck with a plethora of new and conflicting regulations. Quite the contrary. We consider the issuances to be generally reasonable and directed towards program quality.

The statement that "requirements . . . will be limited to those areas considered essential to the operation of the Head Start Program" sounds fine--but the heart of the issue is "essential to whom?" A mere statement that a child is to have a physical examination may satisfy the legality of the statute, but does not give clarity or specificity to what the exam should include or what the child deserves. There is some easing space in current requirements, and we would agree to help define those. But the cautionary posture we take is "don't throw out the baby with the bath water."

Monitoring

We concur that on-site monitoring should not involve outside consultants or contract staff. We believe, however, that compliance and quality are shared elements of a review. Quality is an outgrowth or rheostat of compliance. We believe that on-site reviews should therefore be a joint effort of federal staff and program peers. We believe that reviews should continue to be comprehensive on a cycle that could be determined by an accreditation basis with spot reviews of certain elements at other times.

Exemplary Practices

We are pleased to see the concern for the identification of exemplary practices. The concept has been developed to some extent by IMPD programs. It should be formalized regionally by all programs so that data banks will be available. This is particularly important, given the high turnover of staff, including directors.

PIR/Handicapped Surveys

We favor combining the PIR and handicapped survey reports in a format that accurately reflects service periods.

Audits

We prefer to maintain annual audits. The fiscal and programmatic benefits of annual audits far outweigh any saving involved in biannual audits.

We would be concerned also about the tracking and reporting of year-ending funds.

SAVI Retention

Along with programs across the nation, we urge retention of the SAVI. There are some format and content changes we would readily agree to, including provision for short-range and long-range milestones for evaluation.

Consultation

We appreciate the statment that "ACYF will continue to consult regularly with the Head Start community as it reviews regulations and policy . . . ." We request that the consultation and involvement be done much earlier than was done on the Strategy Paper to which these comments are addresaed. Indeed at the same time, we are requested to comment on a shortening of the full-day program, ACYF has issued an RFP in the November 16 Federal Register for concept papers on how private and voluntary agencies can meet the child care needs of families with Head Start children. An article in the November 30, 1981, Day Care and Child Development Report states that "a Head Start Strategy Paper recently released for comment to the child development community calls for cutting back full-day care programs to save money. Although the paper gives no suggestions for serving the children affected by a cutback in hours, the recent OHDS request might indicate that federal Head Start officials already have one solution in mind."

Conclusions

A concluding statement in the draft is "during the period of inflation and severe budget constraints, a demonstration by Head Start of its capability to increase the return on the investment of scarce public funds would be a credit to the program. Such an accomplishment would not go unnoticed by policymakers at all levels of government and would serve to elevate Head Start as a model for what can be done in other Human Service programs."

Head Start is already a credit to the nation. It has been for some time. It requires no further litmus tests or hurdles to attest to its high esteem in Congress and supposedly in the administration. Head Start is a model of what can be done in human service agencies. The writers of this draft do a disservice to the program when they suggest that we must somehow capture more resources to prove our image to policymakers.

Our own summary statement is that Head Start is cost effective. It serves too precious few of the numbers who need the program. Our needs also include buildings, transportation, multicultural staffs adequately paid, materials, local health, handicapped and social service providers, receptive school systems, good licensing, and national service understandings.

Head Start began as a great social effort at a time of national tragedy. It has faced and met challenge after challenge. It has earned universal respect at local, state, regional, and national levels. It is a program that works. It does not require extensive reorganization. It does require adequate funding in order for quality and quantity to be maintained. It does require constant advocacy.

We appreciate the opportunity to speak to the issues contained in the draft. We offer the full cooperation of our IMPD Grantees and the Associations that represent them in future deliberations with ACYF.

LMB:lw
12-1-81

NATIONAL HEAD START ASSOCIATION
Touching Children . . . Reaching Families

635 SOUTH MAIN STREET • SOUTH BEND, INDIANA 46601 • (219) 234 2150

3 December 1981

National Head Start Association

President
John L. Reese

Affiliates

Parents Association

President
Roger A. Givens

Staff Association

President
Rosetta Norris

Directors Association

President
Myrtis Thomas

Friends Association

President
Dr. Mary Tom Riley

Mr. Warren Master
Acting Commissioner
ACYF
P.O. Box 1182
Washington, D.C. 20013

Dear Mr. Master:

We appreciate the opportunity for the Head Start community to comment on the draft strategy paper entitled "Head Start - Directions for the Next Three Years". Attached you will find the response for the National Head Start Association to that document.

Among the areas which are emphasized in the NHSA response, you will find that we have given considerable emphasis to the comprehensive features of Head Start which have contributed to program quality. We have also emphasized the involvement of parents in selecting local options.

We trust that meaningful dialogue between the ACYF and NHSA can continue.

Sincerely,

John Reese
President
NHSA

CP/rae

cc: Hanley Foster
NHSA Affiliate Presidents
NHSA Policies and Regulations Committee

RESPONSE BY THE NATIONAL HEAD START ASSOCIATION TO
"HEAD START - DIRECTIONS FOR THE NEXT THREE YEARS"

INTRODUCTION

The notion of developing directions for Project Head Start is commendable. Directions are helpful in leading one to a desired end. The paper, "Head Start - Directions for the Next Three Years" proposes to pursue the means by which Head Start will reach some desired outcomes within the next few years. The paper was developed by National ACYF. The ACYF document was mailed to Regional ACYF offices who were charged with further distribution of their regions. Regional distribution was handled in a variety of ways; for example: in some regions the distribution was done on a program by program basis, in other regions the paper was mailed to state groups. The intent in distribution was to solicit discussion and to gather input. The National Head Start Association included the paper as a part of its Quarterly Board Meeting on November 19-22, 1981. Review and formal discussion of the ACYF paper was also included in the Policies and Regulations Committee meetings. Committee meetings were opened to all national and affiliate class board members who were present. The intent of this paper is to share with ACYF and interested parties the viewpoint, opinions and concerns regarding the ACYF paper which were voiced by the parents, staff, directors, and friends who were at the Quarterly Board Meeting of NHSA.

This paper is a response by NHSA to the ACYF paper and to those related issues referred to in the ACYF document. The National Head Start Association intends to be actively involved in formulating the direction for Project Head Start and on being a means for reaching the desired outcomes for Head Start in the future. In past years the Association's membership has been productively involved with issues affecting and related to the lives of young children. It

is hoped that the recommendations, concerns and statements expressed in this paper will be given attention by the administrators of the Department of Health and Human Services/Office of Human Development Services/Administration for Children, Youth and Families. Responsiveness and cooperation will lead to greater benefits for children.

The structure of the response is intended to address issues presented in the ACYF document. In submitting this response, we encourage government officials to seek avenues whereby the integrity of the program and its key facets will not be compromised. Some central areas of concern in the response are as follows:

- The assumptions and considerations used as a basis for the proposed changes by ACYF may not unto themselves be true and accurate.
- Some of the proposed objectives and subsequent activities at times appear to conflict with each other and with the intent of the Head Start legislation as enacted by Congress.
- The proposed changes would affect local program operations and in some cases not be consistent with maintaining local community responsiveness and responsibilities.

NHSA does express concern regarding the timing problems experienced by several who would like to respond to the strategy paper. In view of the fact that the chosen method for delivery of these papers was through the Regional Offics, and that the time constraints for reproduction and redistribution interfered with this distribution, many who would like to have responded either, one, did not receive a copy of the strategy paper, or two, received the strategy paper too late to give careful study and prepare a response.

CONSIDERATIONS AND ASSUMPTIONS

Because Head Start was included in President Reagan's social safety net, because the General Accounting Office recently (July, 1981) released a report stating "...evidence shows that Head Start has been an effective program. There are many reasons why this is true, but based upon our work in Head Start...we believe that success of the program can be most directly attributed to dedicated program directors, teachers, staff and volunteers at the local level...", and because the United States Congress recently held oversight hearings and reauthorized Head Start, we are surprised and perplexed by the Department's desire to make major and radical changes in the program. This is not to suggest that we have faultless programs, but that President Reagan and other members of his administration have acknowledged the success of the program, and at the same time they propose to change it. We feel the Department should follow the dictum "if it's not broken, don't fix it." We question the administration's proposed changes to a program serving young, poor children with such measures of success and effectiveness.

Members of NHSA vigorously challenge the federal budgeting constraints outlined in the strategy paper. While we agree that economic recovery will not be possible as long as the federal government has to borrow huge sums of money to operate, we also feel strongly that children and poor people - those least able to survive during hard times - should not have vital services taken from them. The NHSA supports a plan of economic recovery which would cut some of the large increases the administration and Congress has given the Defense Department. (We share the concern of some top administration officials that the Defense has been given a "blank check".)

Given the state of the economy and massive budget cuts, the comprehensive ser-

vices Head Start provides to children and families become increasingly important. The NHSA is unequivocal in its belief that if the United States is to continue to be a nation where the disadvantaged among us - especially our children - will have a fair chance to thrive, we cannot continue to hack away at human service programs. More specifically, we feel that based on its record which you outlined in your section "Head Start Is A Program That Works," Head Start should get the $950 million it is authorized for in FY82. We urge the Secretary to address his activities toward securing appropriations for Head Start as included in the legislation.

From the original design of Project Head Start there have been specific avenues for local Community involvement (e.g., parents and community representatives serving on local Policy Councils; development of local program operations with selection of program options based on community needs assessment; etc.). The involvement of federal agents has been helpful in assuring that such avenues are maintained. We encourage the continuation of such relationships with the federal government as has been in place in the past.

Response to OBJECTIVE 1: Maintain and, If Possible, Expand Head Start Enrollment

The NHSA wholeheartedly supports the maintenance of Head Start enrollment. We feel strongly that as many children and families as possible should have the opportunity to enroll in Head Start. We do not, however, feel that program quality can be sacrificed. Unless budget allocations match or exceed the rate of inflation over the next three years, we fear enrollment cannot be maintained without sacrificing quality.

Due to the cuts in Title XX Day Care (Social Services Block Grant) and the increasing number of women in the work force, we cannot support the elimination of full-day/full-year Head Start. Furthermore, the elimination of this option would

increase the dependency of poor women. They cannot attend school full time, enroll in job training programs, or get full time work experience if Head Start is only open four hours a day, eight months a year. The chances of these adults becoming taxpayers is greatly diminished if this opportunity is not available. Also, the reduction of the length of the school day and year will make it more difficult to retain and attract staff. Head Start programs cannot afford an increase in their staff turnover rate without severely diminishing program quality.

The NHSA strongly supports the continuation of Parent-Child Centers. The elimination of PCCs would strike against the national movement which seeks to prevent (or solve) problems of poor children and their families before the child is adversely affected and before the monetary costs become prohibitive. The Association recommends that Parent-Child Center operational designs be included as a viable program option in those communities where such services are needed and possible. The effort being one to sustain local design and responsiveness to the needs of children and family situations. We understand that the PCC programs are urging that PCC's be given the status of a "Locally Designed Option" and funded at a rate equal to the standard option Head Start program. We believe such a position is reasonable and responsive to local needs and therefore urge it's adoption. The CFRP should also be given such status.

Response to OBJECTIVE 2: Improve Program Quality

The Association commends ACYF for their recognition of key elements which effect program quality. Generally the proposed strategies appear to be the type and nature which would be a positive nature on local services. Concerns with this area are as follows:

- The National Day Care study which outlines suitable staffing patterns

for Title XX are not applicable to Head Start programs as Head Start programs are more comprehensive in nature. The scope and depth of Head Start's commitment to children and their families requires staffing patterns which are unique. Further as locally designed options are based on needs assessment and available resources, it would be difficult and unwise to set standardized staffing patterns. The variations in individual center designs necessitates that staffing patterns decisions continue to be vested at the local level.

- The paper proposes to expand the areas for CDA credentialing, it does not however propose to move in the direction of establishing requirements for incorporation of CDA's into the classroom. The enactment of the draft policy for incorporation of CDA into the classroom would support improvement in program quality in that it would:

    1. provide a means for increasing competence in classroom personnel
    2. provide impetus for programs and staff to continue training in an organized fashion

- Aspects of the preceeding and following objectives address changes which are integrated elements of the items targetsd within Objective 2 for improvement. Therefore, it is difficult at this juncture to see ACYF's clear commitment toward improvement in program quality. The following are some areas upon which this concern is based:

    1. Objective 1 refers to a cut in full day operations resulting in reduced hours for personnel costs. Objective 2 advocates for personnel costs of living salary increases. The two directives would at best have a cancelling effect on individual personnel monetary gains. The inability of programs to keep up with salary schedules would effect staff retention and turnover and

therefore impact program quality.

2. Objective 5 calls for peer review (with use of volunteers) as the only means for monitoring program's quality. While the Head Start community has and proposes to continue the self assessment process as a means of sustaining program quality, it also encourages the federal government to continue in-depth monitorings of program activities as were done in the past (i.e., ACYF officials and consultants) as a safety net measure to insure quality. In-depth evaluation processes have helped to keep the Head Start community alerted to those areas where program involvement is needed and provided a means for provision of training and technical assistance as an integral part of the assessment process.
3. Objective 3 deals with potential reduction in training and technical assistance resources while Objective 2 addresses a desire for an expansion in program activities directed at parent education. Reduction in T/TA would lessen the "capacity-building" activities in which programs could engage from an overall prospective and for those efforts benefitting parents. These reductions would lessen the potential for improving and sustaining program quality.
4. Objective 5 addresses revision in current performance standards. The proposed reductions and/or revisions in requirements would lessen the quality standards for program operations.

Response to OBJECTIVE 3: Improve and Streamline the Delivery of Training and Technical Assistance

In regard to the directions of Objective 3, NHSA is concerned with the decentralization of CDA. We urge, concerning the CDA issue, that:

1. Great care be given when considering changes in the CDA credentialing

system so as to maintain its viability,

2. NHSA remain an active part of the credentialing system, no matter what its future,
3. The CDA issues be included in the new regulations for Head Start, and
4. To insure the continuation of the CDA as a national standard we recommend that changes in CDA competencies and in the procedures for credentialing be approved by a national body governed by representatives of the early child development profession, including representatives of Head Start.

Reduction in funding for T/TA functions as noted earlier would impact program quality.

Response to OBJECTIVE 4: Strengthen Head Start's Relationship with Other Public, Private and Voluntary Agencies

The Head Start community has been engaged in cooperative agreements with public, private and voluntary agencies and organizations from its inception. These agreements have included health clinics, Title XX Day Care, community colleges, churches, and other social service agencies and community based organizations. We hope to strengthen these efforts where it will prove beneficial to children and families.

Funding cut backs for state and federally funded programs are seen as an obstacle to this objective. We fear that some state agencies, faced with their own cut backs, will not be able to enter into agreements with programs to serve young children. The proposed strategy of having programs rely more extensively on local agreements for services does not include sensitivity to those programs in rural settings when access to such services is non-existent or would necessitate an inordinate increase in travel and time to complete services. Also, it seems

unlikely that the very state and local agencies that have been unresponsive to poor families in less economically strained times will now provide a meaningful avenue for parent involvement. The Head Start community will strive to strengthen its relationship with agencies and organizations that recognize parents in a central role in the growth of their child.

Also, the directions presented in Objective 3 proposes the elimination of the Resource Access Projects. These projects were funded and have a track record in assisting programs with "accessing" resources. It is a contradiction to request increased efforts in coordination of resources without providing the appropriate support.

Lastly, there has for sometime been a concern within facets of the Head Start community that the program would be transferred to the Department of Education or go into a State Block Grant funding mechanism. The apprehensiveness toward a transfer is linked to the desire that at a minimum the program be maintained as it was originally funded and presently mandated. We trust the focus of increasing coordination with state and local governments does not imply a move toward changing the funding mechanism for Head Start.

Response to OBJECTIVE 5: Improve the Administration and Management of Head Start

The NHSA is opposed to any regulatory changes which would allow programs to provide less comprehensive services than they currently provide. Specifically, in regard to the performance standards, we not only think that all the components should remain in place but also that the scope and depth of each component should not be changed in any substantial manner. The performance standards help assure parents and concerned communities that children receive the services they need.

There is specific concern with proposed changes which would alter elements of local parent involvement. Parent Involvement as defined in T.N.70.2 has worked and been beneficial to the program's success. This involvement must, without compromise, be maintained.

Secondly, we strongly oppose any lessening of compliance monitoring and enforcement. While we are confident that most Head Start programs will continue to provide quality services if monitoring is slackened, we would like programs to know that they will be regularly monitored for compliance and that there are avenues to be pursued if quality is not maintained. Similarly, we feel strongly that the self assessment/validation instrument should be required by grantees.

The Association endorses the continuation of the Program Information Reports on an annual and biannual basis and the tracking of functions related to services to handicapped children through the Handicap Survey. We note that the Handicap Survey is a part of current Head Start legislation. We see the benefits of the information gathered by these mechanisms as critical. The data provides a means for programs to measure their own accomplishments and for Project Head Start to inform Congress and the American public on what is being done for children.

In summary, NHSA is emphasizing three major areas, as follows:

1. We believe that program quality must not be compromised. We believe that the performance standards with which we have operated have addressed the respective components in the quality oriented fashion. This quality and these standards should be maintained in any strategy.
2. We are emphasizing local options. Local communities, given the advantage of strong parent involvement and the relevance of a local needs assessment should be given a broad array of options for meeting the needs of disadvantaged children and families at the local level.

ERIC 358-0-82-22

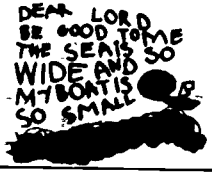
That is to say, that while the elements of a quality program may be designed elsewhere, the application of that quality is a local necessity. And,

3. Realistic involvement of other resources must be addressed. At a time when virtually every social service-type program is being cut and states and local government are also having to tighten their belt given their shrinking resources, it is hardly realistic to anticipate a significantly increased level of involving other agencies and programs in offsetting increased Head Start costs. In fact, Head Start has a track record of utilizing many of these agencies and local resources. Thus, the percentage of gain will be minimal.

We appreciate this opportunity to comment on the proposed strategy for Head Start--the Next Three Years.

Children's Defense Fund
1520 New Hampshire Avenue, N.W.
Washington, D.C. 20036

Telephone (202) 483-1470



Marian Wright Edelman
President
John Rudd
Deputy Director
Ellen Haltman
Director of Governmental Affairs
Daniel Yohalem
Program Director

Board of Directors
Lisle C. Carter, Jr.
Chairman
President, University of the District of Columbia
Julius L. Chambers
Attorney, Chambers, Stein, Ferguson & Becton, and President, NAACP Legal Defense and Educational Fund
Laura Chasen
Social Worker
Marian Wright Edelman
President, Children's Defense Fund
Winifred Green
President, Southern Christian Institute for Educational Equity
David C. Grimes
Chief Executive Officer, Investment Savings & Loan Association
Dorothy I. Height
National President, National Council of Negro Women
Rev. M. William Howard
President, National Council of Churches
Hubert E. Jones
Dean, School of Social Work, Director Urbanworks, and Chairman, Massachusetts Advocacy Center
Vernon E. Jordan, Jr.
President, National Urban League
James A. Joseph
Continental Illinois Company
Ruby G. Martin
Attorney
Joseph L. Rauh, Jr.
Attorney, Rauh, Speed and Lieberman
Hillary Rodham
Attorney, Rose Law Firm, Chairman, Comet Bay & Social and Procedural, Arkansas Advocates for Children and Families
Donna E. Shalala
President, Hunter College
Rachel B. Tompkins
Senior Regional Exec.
Thomas A. Troyer
Attorney, Cahill & Gordon
Dick Warden
Legislative Director, United Auto Workers
Max Waterman
National Bargaining Board, Common Cause
Mrs. Andrew Young (Jean)
Atlanta, Georgia

December 22, 1981

Gordon Railey
2178 Rayburn House Office Building
Washington, D.C. 20515

Dear Gordon:

Enclosed are CDF's comments on OHDS's strategy paper on future directions for Head Start. Obviously we are quite troubled about possible changes in the performance standards and concerned that the program not be subtlely undermined through the regulatory process. Lets talk after the New Year. Have a Happy Holiday season.

Sincerely,

Helen Blank

Helen Blank

Children's Defense Fund
*520 New Hampshire Avenue, N.W.
Washington, D.C. 20036



Telephone (202) 483-1470

December 21, 1981

The Honorable Richard Schweiker
Secretary of Health & Human Services
615 F Hubert Humphrey Building
200 Independence Ave, SW
Washington, D.C. 20201

Dear Secretary Schweiker:

The Children's Defense Fund wants to take this opportunity to comment on the OHDS draft paper on Head Start. The events of the past week have confirmed the worst fears of many in the Head Start community with David Stockman's recommendation that the program be phased into a block grant. We believe it is essential that the Administration make it absolutely clear that such proposals are unacceptable and that the critical components of Head Start, a program so effective that it was included in President Reagan's "safety net", must not be tampered with either through the legislative or the regulatory process. Head Start is a demonstrable success. Its components which include a comprehensive focus, strong local control, and parent participation insure the quality of the program. The President himself has recognized that Head Start is a program that is working:

In President Reagan's own words:

> As you know, we have carefully reviewed the national programs which benefit our nation's children in an effort to improve the delivery of social services. This raview has reaffirmed our belief that the Head Start program has worked and should receive additional Federal

support. I assure you that Head Start remains a high priority in this Administration and has my strong support.[1]

We firmly believe that the quality of Head Start has in large part resulted from its comprehensive performance standards including health, social services, education, and parent involvement. The strategy paper's recommendation to eliminate and streamline regulations including the performance standards is profoundly alarming. We wish to take this opportunity to register our very strong objection to any modification of these standards resulting in any less specific requirements with respect to the scope, type or level of services that are currently prescribed for each program component. It is the considered opinion of CDF program and legal staff that any significant modifications of the Head Start performance standards would violate both the statute and Congressional intent. It would seriously undermine the effectiveness of the Head Start program.

The current Head Start legislation contains a specific requirement (first enacted in 1978) that the Secretary operate programs and projects under the Head Start Act in accordance with Head Start performance standards and, additionally, that any revisions in such standards result in standards "no less comprehensive" than those in effect on November 2, 1978. We understand that there is a view within the Department that this language requires maintenance only of the inter-disciplinary character of the Head Start program and not of the specificity of current performance standards. However, such a view is clearly untenable in light of the context in which this provision was enacted, the legislative history, and any reasonable application of principles of statutory construction.

---

[1]Letter to Head Start Training Conference, May, 1981.

In the 1975 amendments to the Economic Opportunity Act of 1964, (P.L. 93-644, 8(a)), Congress added language to the Head Start provisions of the Act requiring that the Secretary "develop and publish general standards for evaluation of the program and project effectiveness in achieving the objectives" of the Head Start program.

The current performance standards were issued in June of 1975 pursuant to this statutory requirement. In promulgating these regulations, the Department noted that --

> The performance standards reflect more than seven years experience with prior requirements and field testing during FY 1973-74. They pertain to the methods and processes by which Head Start programs meet the needs of children...We have laid out criteria that have been field tested, revised and have been used by the programs for many years. We therefore believe they are reasonable and attainable.
>
> (40 F.R. 27562, June 30, 1975)

Quite obviously, then, these performance standards were based on an extensive body of experience and developed in recognition of the need for more specific criteria and guidance in the operation of Head Start programs. Promulgated fairly contemporaneously with the statutory provision upon which they are based, these standards represent the Department's interpretation of Congress' intent at the time of passing the legislation; and these same standards have remained in effect, unmodified, for six and a half years. There has been no subsequent change in the statute nor any change in Congressional intent which would warrant a dilution of these standards.

In fact, Congress explicitly approved the Department's interpretation of this point as reflected in the performance standards when in 1978, after three years of program operation under these standards, Congress added to the statute the language prohibiting any revision which would dilute their comprehensiveness. See P.L. 95-568, 10(i), November 2, 1978.

At the time of enacting this provision, Congress was not only aware of the specific Head Start performance standards then in effect, but also of their contribution to enhancing the quality of the program. In the House Conference Report accompanying the House bill which was eventually enacted as the 1978 amendments to the Economic Opportunity Act of 1964, the Conferees noted that:

> ...Head Start performance standards have contributed to making Head Start a unique program providing quality child development services to young children and their families. Head Start should be governed by nationally applicable quality standards uniquely designed for the special needs of local Head Start grantees and not by rules applicable to other programs. Any changes in the standards governing Head Start shall maintain these characteristics in order to insure that the unique national high quality nature of the Head Start program be continued. (H. Cong. Rpt. No. 95-1766, October 11, 1978).

Head Start had been an inter-disciplinary program offering services in the areas of education, child health and nutrition, parent participation, and so forth, since its inception. There is no evidence that this interdisciplinary aspect of the program was in jeopardy at the time of enactment of the 1978 amendment. Thus, the inclusion of this mandate to maintain the comprehensiveness of the particular performance standards in effect on November 2, 1978 would have been superfluous merely to preserve the interdisciplinary character of the program. It was obviously intended to insure the specificity of each of the standards themselves.

These Head Start program performance standards are not onerous and burdensome on those who are regulated. It is ironic and inappropriate to argue for change in Head Start's performance standards while the Head Start community itself welcomes the standards. They are clearly on record in supporting the specificity of the standards. During hearings last March when Senator Denton questioned Marilyn Thomas, Executive Director of the Miami Valley Child Development Centers and Claude Patterson of the West Central Missouri Rural Development Corporation about how grantees regarded the performance standards, they replied:

> Senator DENTON. We have 162 program performance standards and many more administrative requirements.
> As grantees, how do you feel about the need for those?
> Mrs. THOMAS. Performance standards?
> Senator DENTON. Yes.
> The 162 program performance standards are in the law. I do not know how closely they hold you to them.

Mrs. THOMAS. Well, they certainly hold us to them very tightly, because we are monitored by a tool that ties in specifically to the performance standards. In other words, for every performance standard, there is a question on the assessment tool that says, for example, did parents have input in the development of your component plan. And in the performance standard, it says, parents must have input in the development of the component plan. So when you put the two together, they check everything. And it really makes you focus on what the program goals are in comparison to what you are actually doing. I am not sure I feel that there are too many standards, because there are so many things we are trying to accomplish in the program. By indicating very specifically what the founders of Head Start wanted to happen in that program, there are not a lot of questions about what you should be doing. You should have a classroom environment that has such-and-such kind of equipment. They tell you right in the performance standard. You must provide certain kinds of health examinations. They tell you exactly. They are lengthy and detailed, but they give you a very accurate picture of what the Government expects.

Senator DENTON. Do you share those views, Mr. Patterson?

Mr. PATTERSON. I would say I probably share those views.

As you know, occasionally anyone will chaffe under such a load. But then we back off and say, it is that kind of protection that assures the child and family with whom we work will be served the way they are supposed to be served. And beyond the 162 performance standards, there is quite a bit of room for flexibility at the local level for us to do what we are proud of doing, and that is to go beyond those 162 standards. And it is that extra measure that we call quality.

More recently the National Head Start Association reinforced its support of the performance standards in their December 3 comments on the strategy paper:

> NHSA is opposed to any regulatory changes which would allow programs to provide less comprehensive services than they currently provide. Specifically, regarding the performance standards, we not only think that all the components should remain in place, but also that the scope and depth of each component should not be changed in any substantive manner. The performance standards help assure parents and concerned communities that children receive the services they need.

There is widespread agreement both among the Administration, child development experts, and the Head Start community that Head Start is an effective program. It is successful because of its unique high quality. Any change in the performance standards would detract from the very core of the program's success.

The strategy paper's recommendation's to simplify the standards should be rejected. That would undercut the program and violate Congressional intent. In addition to maintaining the performance standards, we strongly oppose any lessening of the compliance enforcement effort. Adequate monitoring including procedures such as annual audits go hand in hand with these standards.

We would also like to take this opportunity to respond to a number of other issues in the strategy paper. Generally, we found it to be a thoughtful, well-intended and useful document. We have concern with some of the priorities laid out in the paper, however. Head Start needs to be expanded to serve more poor and handicapped children. But the quality of the program is not to be compromised, it is absolutely impossible to expand enrollment beyond the 20 percent of children now served without an increase in the program's budget. Unless budget allocations match or exceed the rate of inflation over the next three years, existing enrollment cannot even be maintained without compromising the quality of the program. We cannot support eliminating the option of full day and full year Head Start as a means of serving more children at a time of shrinking resources for child care. This will simply force poor working mothers back to the welfare rolls.

We would argue strongly against adopting maximum cost standards such as a uniform standard of need or cap. The real costs of high cost grantees often reflect regional and justifiable program cost differences which must be recognized. Placing a rigid federal regulation to cap programs in states that have been previously operating on no growth budgets and forced for years to sacrifice increases in areas such as staff salaries would be counter-productive to efforts to expand the quality of Head Start. Artificial limits on allowable costs will serve to stifel too many programs that have already been seriously eroded by inflation.

We agree that the average class size in many Head Start centers is much too large and oppose any relaxation of child staff ratios. Regional offices have already been too lax with current requirements. Selected consolidation of smaller grantees is a good idea, if as the Deputy Commissioner has stated, it is voluntary. We, of course, also support increased utilization of non-Head Start resources.

Because improving the quality of Head Start services is one of our highest priorities, we support your proposals in this area, especially the first three: reducing class size, increasing staff salaries, and your performance indicators initiative. The diversion of funds from training and technical assistance to the state share will not be sufficient to improve program quality. Head Start must receive all of its authorized funds.

We are quite concerned about proposed changes in the Training and Technical Assistance and the credentialing system. Recommendations to set-up a state managed structure in both these areas raise suspicions about further plans to transfer Head Start to the states. Congress has established a federal, regional, and local structure to administer Head Start and it has worked effectively. It should not be undercut.

We believe that it is most essential to maintain a national credential and assessment system separate from the training function in order to maintain the recognition of CDA as a professional credential. Proposed changes in this system threaten the entire concept by granting too much responsibility to the states. If the states had been doing this job effectively there would have been no need for a national CDA. The system now works because it is national and the credential is transferable from state to state. The selection, training, monitoring, and accreditation of CDA representatives should be the responsibility of a national body governed by representatives of the early childhood profession. With a national system, uniform protocols should remain to guarantee the national consistency and uniformity in the application of CDA competency standards. National procedures for the assessment process should be maintained and any change should be approved by a national body governed by representatives of the early childhood profession. To ensure the maintenance of CDA as a national standard, changes in CDA competencies must continue to be approved by a national body.

We also believe that the training function should remain separate from that of credentialing to insure appropriate checks and balances within the CDA program.

Finally, Head Start programs as you recognize have been pioneers in establishing and maintaining linkages in their communities. We believe that grantees should be counselled to expand their own unique program identity and independence. The key components and special features of the Head Start program should never be lessened because of expanded linkages with additional agencies. We also feel that the severe budget cuts in domestic programs cannot be overlooked if a realistic linkage policy is to be developed.

We commend you, Mr. Secretary for your support for Head Start in the past. We urge you to maintain the integrity of this most successful "safety net" program. We would be glad to discuss our comments with you or your staff if that would be helpful.

Sincerely,

Marian Wright Edelman
President

CC: Dorcas Hardy
Clarence Hodges
Warren Masters
Henley Foster
John Busa

NATIONAL
BLACK
CHILD
DEVELOPMENT
INSTITUTE, INC.

EVELYN K. MOORE
Executive Director

BOARD OF DIRECTORS

ALMA STALLWORTH
President
Detroit, MI

DARWIN DAVIS
First Vice President
Stamford, CT

LORRAINE EWING
Second Vice President
New York, NY

WHITNEY WALKER
Sec.-Treas.
Washington, DC

TONY BROWN
New York, NY

RONALD EDMONDS
Brooklyn, NY

YETTA GALIBER
Washington, DC

CYNTHIA HAMMES
Bridgeport, CT

SARAH HERBIN
Greensboro, NC

WALTER HOOKE
Shaftsbury, VT

BETTYE HURD
Los Angeles, CA

WILLIAM MARTIN
Greensboro, NC

ERNEST SMITH
Los Angeles, CA

CLARICE WALKER
Silver Spring, MD

WILLIAM WELCH
Upper Marlboro, MD

BUNNY WILBURN
Seattle, WA

GERALDINE WILSON
New York, NY

December 29, 1981

The Honorable Ike Andrews
2201 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Andrews,

The enclosed comments represent the position of the National Black Child Development Institute with regard to the plan for Head Start disseminated by ACYF.

We know that you are aware of the concerns of NBCDI and felt that you would be interested in knowing that we have very definite views about Head Start and we are working diligently to keep it in tact.

As you can see, our statements are consistent with our advocacy over the past decade. We continue to urge that ACYF assume a vigorous leadership role as federal advocate for children, youth and families.

Sincerely yours,

Evelyn K. Moore

EKM:llb

1463 RHODE ISLAND AVENUE, N.W., WASHINGTON, D.C. 20005 (202) 387-1281

HEAD START RECOMMENDATIONS

In its advocacy for Black children and their families, The National Black Child Development Institute has been particularly supportive of programs and policies which have a positive impact on children at early developmental stages. Head Start is such a program. Since the family has the primary obligation to children during this period, the development of informed parental involvement is a crucial element at this time. Early access to education, health, and social services which are currently coordinated through Head Start is equally essential to the quality of the program and to the quality of life of the families served.

Since 42% of children served by Head Start are Black, NBCDI has a mandate to call for the maintenance of those aspects of the program which have proven beneficial over the years. The comprehensive, coordinated approach to providing an array of quality services to child and family as well as the systematic involvement of parents have contributed to a general acknowledgement that Head Start produces lasting benefits which reach well beyond the age of five. A review of the structure of Head Start must be based on a commitment to oppose the adoption of any modifications which would undermine these positive program elements. We appreciate the opportunity to call your attention to the recommendations which have that potential.

The proposed recommendations appear to be based on the premises that

1. Head Start can rely on other institutions or agencies for support.
2. The proven quality of Head Start can be maintained without additional dollars.

We fear that by openly stating that Head Start can withstand a loss in <u>real</u> funds during 1982, ACYF may give ammunition to those individuals who want to cancel the deferred increase it has scheduled for FY '83. None of the measures suggested in these proposals compensate for the loss of actual dollars; ACYF should not assume that its economizing will not damage the program in any appreciable way. We therefore urge ACYF to avoid any statement or inference that implies that the decrease in funding will not hurt Head Start.

The reality is that without additional dollars, necessary expansion is impossible and quality control is questionable. Added to the delay of an increase in funding until 1983 are the cuts in AFDC, Title XX, CETA and USDA funding -- all of which contribute to the child care "package" used by many Head Start families.

NBCDI recommends that ACYF undertake and publish a state by state study to determine the actual cuts in programs which provide dollars for child care in order to assess the reality of such services being available as traditional Head Start resources are redirected.

OBJECTIVE: Expand/Maintain Enrollment

1. ACYF has proposed to phase out summer Head Start programs, convert Parent and Child Centers into regular Head Start programs and redirect discretionary resources for expanding Head Start enrollment. While we agree that any dollars that are saved through these measures should go towards an expansion of enrollment, ACYF appears to be wholeheartedly endorsing these moves, a position we strongly question.

The paper does not make note of any careful analysis of the framework within which these proposals are made. Obviously those communities which have Summer Programs, Parent and Child Centers, or full day programs have assessed their needs and are trying to meet them. The Office of Human Development has designated ACYF as the advocate for families. It is contradictory to its mission that ACYF play the role of the "hatchet man" in projecting the direction Head Start should take. Forty percent of single Black women are heads of households, and the number is increasing. In many instances, these programs are their lifeblood. ACYF must not make a blanket announcement that programs which provide services for infants or which offer a summer experience, otherwise unavailable, are fluff. It is against the public interest that ACYF should take such a stand and contrary to

its purpose. Those communities which have a recognized need for these programs must be allowed to provide them with continued federal assistance.

ACYF must take its role as child and family advocate seriously. The children served by Head Start are among the most vulnerable and least able to protect themselves. Long term gains should not be compromised by using short term cost-effective strategies. Program operations should have priority when choices have to be made. It is not clear that ACYF has considered what actually is more cost-effective. How much does it cost to maintain people in institutions? Would an informed taxpayer prefer these costs over those associated with reducing the likelihood of need for institutional care? It is the obligation of ACYF to present analyses of these alternatives so that taxpayers can make informed choices.

2. ACYF has also recommended that per-child costs in "high cost" programs be reduced, either through the establishment of an absolute ceiling or through negotiation of individual cases. NBCDI is concerned that the paper does not give adequate consideration to the vast differences among geographical regions within the country, or between rural and urban needs. Head Start programs in New York and Mississippi obviously will not have the same costs. ACYF has not given Head Start programs an opportunity to negotiate all relevant cost factors in order to arrive at a design for meeting the unique needs of diverse communities. Any plan to control costs must be done after a case-by-case analysis since variables change within and among states. We favor the second plan which would give grantee and/or delegate agencies an opportunity to justify costs and/or receive advice and assistance in reducing costs. The first option, which would set a ceiling on the Head Start-funded cost-per-child, is unacceptable.

3. In an effort to reduce personnel costs, ACYF has proposed to prepare staffing "guidelines", which would be used as "benchmarks" for individual programs. NBCDI believes that reducing personnel costs by developing staffing guidelines in an effort to reduce Head Start staff may negatively impact

program quality. While the number of staff and their hours of work are a function of personnel costs, they also contribute toward the documented success of Head Start and the gains children and their families have made. However, we strongly recommend that both existing Head Start programs that provide quality services and research, such as the National Day Care Study, be utilized in formulating these guidelines. They should not only address the number of staff and person hours for programs of varying sizes and geographic locations, but also classroom size and child/ staff ratio.

4. ACYF's initiative to conduct a comprehensive cost-analysis of Head Start should continue. Considering the variables in a geographically diverse program like Head Start, it is critical that any cost-analysis be thorough, representative and accurate. The "Analyzing Costs in Human Services Programs" project in OHDS has proven extremely successful in analyzing day care costs and in training providers in useful budgetary skills. We are pleased that ACYF intends to apply this important technology to Head Start.

5. We are deeply concerned that when ACYF discusses increasing the utilization of non-Head Start resources it implies that those sources can fully compensate for the loss of Head Start funds. While some Head Start staffs are more skilled at utilizing non-Head Start resources than others, Title XX, Department of Education, USDA and AFDC (HHS) have all been affected by budget cuts. Head Start families will be competing for fewer services with less dollars to fund them. Many families will find it impossible to purchase from the higher priced private sector.

In its table on page 7, ACYF states that program quality will remain constant because the gap in funding can be filled by other programs. It seems questionable that the tables are realistic. With FY 1982 budget cuts, it is obvious that "other resources" will not remain constant. There is no discussion in this paper which demonstrates that political realities allow these conclusions. Without an increase in the Head Start budget, it is highly unlikely that current enrollment levels

will be maintained. For example, in Kansas City, Missouri where the Head Start services are carefully coordinated and systemically supplemented with other community resources, several centers have had to be closed and the funds diverted to maintain the high quality and current enrollment level of those remaining. These were hard choices made at the local level.

6. ACYF places strong emphasis on increasing volunteer efforts as a method of supplementing Head Start resources. Unfortunately, however, the voluntary sector will not be able to fill the gap caused by budget reductions. This issue must be a factor considered in any planning for Head Start. As unemployment levels climb and inflation rises, it becomes less and less likely that volunteers are a viable pool for supplementing Head Start staff since economic circumstances will require that they find paid employment. The very groups mentioned, senior citizens and students, are those severely affected by budget cuts in social services, job training programs and financial assistance for education. ACYF must undertake more analysis in this area to determine the reality of the recommendations in the area of volunteers as a Head Start resource, specifically, and the capability of community and private resources to supplant components of Head Start.

OBJECTIVE: Improve Program Quality

7. We are delighted that ACYF intends to reduce class sizes, and we hope that it will apply this principle when it prepares the staffing guidelines. In those guidelines, NBCDI strongly urges ACYF to set child/staff ratios on a classroom or a group basis versus center basis. Since some Head Start programs have self-contained classrooms rather than open classroom situations (one large room), it is critical that at least one teacher and one teacher aide be present at all times.

If a fire were to break out in a classroom and only one person were present with fifteen to twenty children, a very dangerous situation would exist with unnecessary tragedies. We need not be reminded of the recent explosion in

358 O—82——23

Gate City Day Nursery in Atlanta, Georgia to know the kinds of accidents that can occur. Further, other center staff, such as administrative staff or component coordinators, should not be considered caregivers and therefore should not be counted in determining the child/staff ratio for a classroom, group or center. For the most part, these individuals are not trained in early childhood principles and have many other responsibilities which take them out of the classroom or group situation. Preschool-aged children need a consistent environment for their overall healthy environment.

Head Start programs, whose staffing patterns exceed the staffing guidelines, thus raising personnel costs, should certainly be given the opportunity to demonstrate their unique needs and negotiate their selected patterns. ACYF must also take into consideration that if the staffing "guidelines", specifically classroom or group size and child/staff ratios, are less stringent than state or city licensing codes, Head Start programs must adhere to the more stringent requirements. There are several states and/or cities with "good" standards.

As an advocate for Black children, NBCDI believes that small classroom or group size offers children strikingly better opportunities for healthy development. Therefore, NBCDI recommends that ACYF include in their staffing "guidelines" the following:

Age	Group/Classroom Size	Child/Staff Ratio
3 years	14	7/1
4 & 5 years	18	9/1

If classrooms or groups consist of mixed ages, then the group size should be based upon the age of the youngest child, if children in the youngest age category make up twenty percent or more of that group. While it is true that differences in fundamental purposes may preclude standardization for determining the size of Head Start classes, overcrowding has already become a problem. The benefits of smaller classroom and group size cannot be sacrificed to increase enrollment.

8. ACYF has appropriately decided to direct a substantial portion of FY 82 funds to raise Head Start salaries. NBCDI fully supports this initiative; in order to recognize the value of services provided and to reduce turnover, redirected funds must be allocated to teachers' salaries to assure equal pay for comparable services within a state.

9. ACYF points out the usefulness of the Head Start Performance Indicators as a management and performance improvement mechanism. We applaud your intention to continue this effort and, in fact, recommend that adherence to Performance Standards be mandatory.

10. Special emphasis should be placed on parent education, and the Getting Involved series should be widely disseminated. This involvement is even more crucial as more and more teenagers become parents. NBCDI approves the incorporation of BES concepts into all Head Start programs. We expect that ACYF will be especially active in the direction of such activity.

OBJECTIVE: Improve the Administrative and Management of Head Start

11. ACYF has announced its plans to eliminate, revise and weaken existing Head Start regulations. We deeply oppose any intiative to change current regulations that have proven themselves workable and effective. NBCDI has consistently questioned weakening regulations and requirements for quality control where children's programs are concerned. We earnestly request that ACYF show vigorous leadership in retaining controls at the federal level which have contributed to the success of Head Start. To suggest minimal protection for the most vulnerable segment of our society is an abdication of the responsibility delegated to ACYF. The result would be the deliberate structuring of a dangerous situation.

12. We fully agree that ACYF must assume the responsibility of monitoring compliance. However, we feel that there needs to be specific analysis which shows that reduced reporting requirements and proposed modifications in Training

and Technical Assistance will not preclude the ability of ACYF to target these reviews, that is, make them "less comprehensive."

Here again, a design must take into consideration the uniqueness of the various geographical regions in this country and their local needs. Standards must be set by ACYF which will contribute to an overall effort to expand services and maintain quality.

13. Along with many other Head Start advocates, we urge the continued use of the Self Assessment/Validation Instrument (SAVI). Peer reviews should not take the place of federal monitoring, however. Practice has shown that compliance with requirements is much more likely when a federal role is clearly defined. As the federal advocate, ACYF must continue to demonstrate that it has a role in assuring that quality controls are in place and operating. It is very likely that as the level of requirement for reporting program information is reduced, the amount given will be less, the amount done will be less, and quality will be sacrificed.

CONCLUSION

Recent budget projections appear to be tolling the death knell for Head Start. We all agree that excess government spending, runaway inflation and a debilitating welfare system cannot be allowed to generate a population which is totally dependent; consequently, it is essential that we support and improve those programs which are most likely to foster productivity and self-sufficiency. Over the long term, Head Start is such a program.

the children's memorial hospital

Medical Education
249 Nellie A. Black Bldg.

2300 children's plaza
chicago, illinois 60614
312 649-4000

Floy Helwig, M.D.
Assoc. Professor of Cl. Ped.
649-4300

FEB 16 1982

February 3, 1982

Honorable Ike Andrews
Chairman, Subcommittee on Human Resources
2178 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Andrews:

I write regarding my concern for the proposed changes by ACYF in the Headstart Program.

I am a pediatrician, member of the American Academy of Pediatrics and a consultant to ACYF in the Headstart Health Program. I have participated in Headstart since July 1965, initially as an individual program consultant and since 1970 as the Regional Medical Consultant to Region V CYFU as well as National ACYF. I believe I know the Headstart Program well; its assets and deficiencies.

A strength of the Headstart Program is the definition of the health appraisal for the children and staff in the Performance Standards. The quality, as well as the breadth, of the physical examination is stated. Programs translate the requirements to their health providers and for each child in this nation a minimum of quality is assured. Children cannot be lined up "Army style" for examination because it is cheaper, even if all the procedures are performed. To do so negates the opportunity to educate both the parent and the child to good health habits effecting, not only the Headstart child, but also younger siblings.

The opportunity to educate families and staff regarding health is one of Headstarts great strangths. While the American Academy of Pediatrics has stated that the health program for pre-school children should include screening, follow up, remediation and education, they have not specified the details to provide quality assurance. (School Health: A Guide for Health Professionals, 1981 chapter 4, Preschool-Aged Children, pp 37-38, AAP.)

Children are a captive population. They can be exploited by self serving groups (eg. visual training exercises). Performance standards protect children from uproven methods and protect programs from spending their funds unwisely.

A Member of the McGaw Medical Center of Northwestern University

In conclusion, I hope you and the Congress will continue your commitment to our Nation's disadvantaged children by preserving Headstart. It has taken 16 years to build quality into the health program. I hope you will not allow ACYF to dilute the effectiveness of this worthy endeavor. The collective health professionals and advisors have written to Mr. Basa at HHS and I enclosed our letter.

Sincerely,

Floy Helwig

Floy Helwig, M.D., FAAP
Associate Professor, Clinical Pediatrics
Northwestern University Medical School
Regional Medical Consultant
Headstart - Region V

FH:ls

As chairman of the committee conducting the hearings on Feb 23, 1982, you should know that the American Academy of Pediatrics does not have standards, only suggested guidelines. They are similar to the performance standards but are not binding. They are outlined in the School Health Manual.

P.O. Box 866
Columbia, Maryland 21044

January 25, 1982

Mr. John Busa
Office of Planning and Development
DHHS
Box 1182
Washington, D.C. 20013

Dear Mr. Busa:

This statement has been prepared to articulate the views and professional judgement of a large group of health and mental health professionals who have been involved in providing consultation to the Head Start program over many years. Several of us have been involved with Head Start since 1965, as staff and consultants with the national consultation contracts with the American Academy of Pediatrics and Westinghouse Health Systems and in other capacities. Therefore, we speak from long commitment and intimate knowledge of the 1,800 programs and 370,000 children served by Head Start.

This statement responds to major issues which surfaced in several documents prepared by the federal government on Head Start policy concerns. These documents include:

1. Head Start Programs and Funding Issues. John Hopkins, Office of Management & Budget, HHS, 7/10/81.
2. GAO Report to Congress. Head Start: An effective program, but the fund distribution formula needs revision and management controls need improvement. HRD 81-83, 7/23/81.
3. Head Start Directions for the Next Three Years. Draft Memo, ACYF (John Busa), Fall 1981.
4. Head Start Regulations Reform. Draft Memo, Warren Master, Acting ACYF Commissioner, 11/12/81 and 11/16/81.

We wish to comment on the following issues, which would have serious impact on Head Start children and families:

1. Reducing Performance Standards on Medical Physical Examination

Current Performance Standards, which were prepared with input from professional associations such as the American Academy of Pediatrics, include criteria for quality assessment and evaluation to address the health risks of preschool children. The draft regulation reform memo of 11/12/81 proposes to reduce the depth of health Performance Standards by eliminating requirements relating to specific content of the medical examination. We oppose this reduction in standards. A thorough quality assessment has been found to be cost-effective for this age group as it identifies problems early which would be more costly to repair later.* Particularly among higher risk groups such as low income and minority groups, a greater number of significant disease findings will be uncovered by a quality examination and screening protocol. Some practitioners serving children in low-income communities would not provide the full range of needed examination and screening services if the minimum content of these services were not known to and specified by the Head Start program and parent through the guidance of the Performance Standards. It is for these reasons that the Medicaid EPSDT program as well as the Head Start program has established a uniform set of examination procedures which are spelled out for providers.

The establishment of a uniform minimum set of standards for the medical examination is in keeping with Head Start's mission to give disadvantaged children a chance to catch up or get a head start in development, by assuring the advantage of a quality examination at this critical period of growth. Such standards assist in guiding and educating both Head Start staff and, most importantly, the parents as to the kinds of preventive, diagnostic, and therapeutic services they should expect and acquire for their children. Removal of these standards will place Head Start children (especially the child who is not eligible for EPSDT, and, therefore, not covered by their standards) at a distinct disadvantage in the acquisition of appropriate health services and will in effect relegate them to second class citizenry in the medical category.

2. Removing the Requirement of Written Action Plans by Programs

An integral part of a good management system is planning. The program benefits from advance thought, and evaluation is facilitated. To be effective and binding, plans must be written. This lack of organization by Head Start programs is the single most frequent health deficit in our experience. The GAO report also cites this deficiency at the regional and national level.

*HCFA, Office Research Demonstration & Statistics, Effectiveness of Preventive Child Health Care, April 21, 1981.

It is not in the interest of Head Start children to respond to these critiques by dropping the requirement of written plans. While elimination of written plans might lower operating costs in the short run, it would tend to raise program costs in the long run since anticipatory preparation will not occur as effectively without the discipline of a written plan. This requirement has also been of great help to local programs in negotiating with the private sector of service providers in their communities. In addition, a major problem among Head Start programs is the high turn-over rate of local health staff. The written plans are essential to offer continuity for the Head Start health component as new staff come in and attempt to maintain quality health services.

3. Drop the Program Requirement for a Local Nutrition and Mental Health Consultant

The addition of local nutrition and mental health consultants (in 1975) has vastly improved the comprehensiveness and quality of the health program. Prior to that time, the nutrition area was considered only in terms of food service. Monitoring of the growth and development of the child through thorough nutritional assessments was rarely done. Menus were planned by untrained personnel with limited nutrition knowledge. Since the food service area has typically offered entry level positions into Head Start programs, such positions are usually filled by community residents who bring their own personal experience but usually are not professionally trained. Supervision of these positions by a professional has been necessary to ensure cost-effective administration of the program; for example, a professional is able to negotiate contracts with food vendors and plan food quantities efficiently which untrained personnel have not been effective in doing.

Nutrition education for children or parents was also limited before 1975. Nutrition education has been found to be important in addressing certain critical aspects of nutrition for Head Start families, such as long-term impact of poor eating habits and the need for assistance in purchasing nutritional foods economically and preparing them in the healthiest manner. These changes were largely accomplished through the increase in professional input into the program via the requirement for a qualified nutrition consultant and the preparation of additional guidance and program ideas by experts at the federal level for dissemination to the local level.

Prior to that time, many parents and Head Start staff thought of the mental health program area as being concerned with mental illness and handicapped, emotionally disturbed children. The importance of mental health education, primary prevention, and services to the Head Start concept of social competence was not widely understood or acted upon at the local level. This previous approach was changed because it was found to be insufficient and ineffective in meeting Head Start goals. It was

agreed that, as we strive for physical health and educational enrichment, Head Start must also "graduate" socially competent children who will become productive, self-respecting adults. It was recognized that this "primary prevention" approach to mental health is an important means of breaking the poverty cycle. Again, this change was largely accomplished through the requirement for qualified local mental health professionals to assist the programs.

What is being proposed is a return to the deficient earlier program, which had been found to be ineffective. There is no justification for such a change, but ample evidence that this kind of professional input is essential to program effectiveness.

In conclusion, we believe the 16 year success of Head Start is related to the family orientation, the quality control of Performance Standards, and the multidisciplinary preventive approach to the Health component. We believe the deletion of program regulations will reduce Head Start to an ineffectual child tending program.

We, therefore, request that you and the agency you represent give serious consideration to the implications of the proposed changes. Please support retention of standards for physical examinations plus requirements for written health plans and for grantee use of local nutrition and mental health consultants. We believe that by doing so you will help preserve key program elements and you will help assure many children from disadvantaged families of a head start on health.

Thank you.

Sincerely,

E.C. Curtis

E.C. Curtis, M.D., MPH

ECC:md

This letter is written on behalf of myself and Head Start Health professionals whose names appear on the following page.

HEAD START HEALTH PROFESSIONALS

Terry P. Bayer, MPH, RD
San Jose, CA

Arthur Bolter, M.D.
San Leandro, CA

Roy E. Brown, M.D., MPH
New York, NY

Mary Bucher, MSW
Dallas, TX

E.E. Caldwell, M.D.
Nashville, TN

Susan Campbell, RN, MPH
Washington, D.C.

Thomas Clark, MSW
Denver, CO

Thomas L. Coleman, M.D.
Philadelphia, PA

Judith B. Curry, RN, MSN
Chicago, IL

Harriet Delgado, Ph.D.
Bailey, CO

Lois B. Earl, MPH, RD
Alaxandria, VA

Kathy Glenn, MS, RD
Dallas, TX

Fernando Guerra, M.D.
San Antonio, TX

Margaret Guy, RN
Dallas, TX

Marlene Echo Hawk, Ph.D.
Oklahoma City, OK

Floy Helwig, M.D.
Evanston, IL

Nancie Herbold, MS, RD
Boston, MA

Janica L. HoffmanWillis, M.A.
Wilmington, DE

Betty Huff, MS, RD
Federal Way, WA

Maria Humphrey, RN
Seattle, WA

Susan L. Jacoby, Ph.D.
Glenside, PA

Richard Kearsley, M.D., Ph.D.
Boston MA

Wei-M, Lew, Ph.D.
San Mateo, CA

Lyllis Ling, MS, RD
Kansas City, MO

Harleen M. Lyons, MPH
Arlington, VA

Robert McCurdy, M.D., MPH
Boulder, CO

Stephen Maddox, M.D.
Fort Worth, TX

Nancy Meade, MPH, RD
Evanston, IL

Mildred Monroe, MS, RD
East Point, GA

Hannah M. Nelson, RN
New York, NY

Antoinette K. Palladino, MPH
San Francisco, CA

Beth Pannbacker, MS, RD
Denver, CO

Donna K. Pinkcaff, MS
Atlanta, GA

John R. Price, Ph.D.
Arlington, TX

Charlynn C. Robinson, Ph.D.
Dunwoody, GA

Mary Lou de Leon Siantz, Ph.D.
Annandale, VA

Rebecca Smith-Andoh, MSW
Chicago, IL

Dorothe R. Weinberg, Ph.D
Skokie, IL

Christoper Williams, M.D.
Portland, OR

Jackie Williams, RN
Atlanta, GA

Starks, J. Williams, M.D.
Independence, MO

REPRESENTATIVE TONY VASKA
Alaska State Legislature
House of Representatives

DISTRICT 17
AKIACHAK
AKIAK
ANIAK
ATMAUTHLUAK
BETHEL
CHEFORNAK
EEK
KALSKAG
KASIGLUK
KWETHLUK
LOWER KALSKAG
MEKORYUK
NAPAKIAK
NAPASKIAK
NEWTOK
NIGHTMUTE
NUNAPITCHUK
OSCARVILLE
TOKSOOK BAY
TULUKSAK
TUNTUTULIAK
TUNUNAK

HOME
P O BOX 505
BETHEL, ALASKA 99559
(907) 543 2934

WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA 99811
(907) 465-3701
(907) 465-3706

February 8, 1982

Honorable Ike Andrews
House of Representatives
Washington, D.C. 20515

Re: Alaska Parent Child Program

Dear Representative Andrews:

On February 23, the House Resources Subcommittee of the Education and Labor Committee will be meeting for an Oversight Hearing on the proposed changes to the Headstart program which would eliminate funding to the Parent Child Program (PCP). I would like to urge your support for continued funding for this program.

The Parent Child Program is a very beneficial program. Contrary to the confusion that some people have as to the differences between the Headstart Program and the PCP, the two programs do not overlap as to individuals serviced. The Headstart Program is for children from 3 to 5 years of age and is designed to facilitate the relationship between the child's school and the home. The PCP services children from 0 to 3 years of age, and in some cases pregnant women, and is designed to facilitate the relationship between the child and the family. They are two separate programs. Both are equally important.

Rural CAP administers Headstart and PCP for my district. For FY 82, the federal government provided $221,914 and the State provided $196,103 for PCP's total budget of $417,914 in the area Rural CAP adminfsters. For FY 83, Rural CAP is requesting $455,527 for PCP and needs the federal share. If the federal monies are cut, the State plans to eliminate PCP and direct the state funds into strictly Headstart slots. The administrators of PCP do not want to see this happen and we have received many letters from the district supporting PCP.

I urge your support for continued funding for the PCP in Alaska. Thank you for your help.

Sincerely,

Representative Anthony Vaska

cc: Eligio White, Rural CAP
Sharon Hodgins, Headstart

FEB 17 1982

Honorable Ike Andrews
House of Representatives
2201 Rayburn Office Bldg.
Washington, D.C. 20515

February 10, 1982

Dear Honorable Andrews,

We who are at the receiving end of the Headstart and the Parent Child Programs funded by the Federal, want to make our comments known for the Oversight Hearing scheduled for the February 23rd, on the proposed changed being considered for the Headstart and Parent Child Programs. We cannot stress enough the importance of having the Parent Child Centers and the Parent Child Programs as well as the Headstart Programs, which have taught the parents as well as the child in early learning, family awareness and the basic parent/child relationships of this generation, which only shows that it works and we will fight to keep it. This program has shown great improvements in child development when moving on to higher grades, while statistical facts are not available because this program has only been active in our area only a short while, both parents and teachers can distinguish differences between children who have been involved in the program.

So please kindly give our children some consideration in your final analysis.

The Parents and the Childrens who benefit from this program and the future Parents of the Village of Kasigluk wish to remain,

Sincerely yours,

KASIGLUK VILLAGE COUNCIL

Alexie Kassel Sr
President
Kasigluk Village Council

cc: file
Representative Don Young
Clarence Hodges, Commissioner, ACY&F
Sharon Hodgins, Y-K PCC Coordinator



PACIFIC BASIN CONSORTIUM
Castle Memorial Hall
1776 University Avenue
Honolulu, Hawaii 96822
(808) 947 3636

FEB 16 1982

February 12, 1982

The Honorable Ike Andrews
Chairp[illegible]on
Sub-Committee on Human Resources
2178 Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Andrews:

During the past three years, our project staff and the Resource Access Project of the Pacific (RAPP) staff have worked closely and cooperatively providing teacher training services in the Pacific Basin. Although each project is funded by a different agency and serves a different target population (RAPP serves preschool-aged children and the Consortium serves older children), the goal of both projects is to improve the quality of services for all handicapped children. We are most supportive of the RAPP project and view our task as being much more difficult should funding cuts eliminate the services of RAPP. More importantly, we believe the quality of services for handicapped children will be significantly reduced should funding for RAPP be reduced.

It is important that federal funding agencies understand the nature of program funding in the Pacific Basin. Excluding the state of Hawaii, territories in the Pacific have little or no alternative funding resources. There is no local funding available for programs that receive cuts in federal funds and proposed funding cuts will, in effect, eliminate needed services.

We strongly support the activities of the Resource Access Project of the Pacific and encourage continued funding.

Aloha,

Don Anderson

Daniel D. Anderson
Project Director

DDA:ey
cc: Satau Furuno

A SPECIAL EDUCATION PERSONNEL PREPARATION PROJECT
Serving: American Samoa, Guam, Hawaii, Trust Territory of the Pacific, and Commonwealth of the Northern Mariana Islands
PBC 81-197

CAP

ECONOMIC OPPORTUNITY FOUNDATION, Inc. 582

1014 ARMSTRONG
KANSAS CITY, KANSAS 66102
AREA CODE 913-371 7800

February 12, 1982

Otis Williams
Chairperson
Fred Fleming Reddrick-Hudgins
President
Jesse Rodriguez
Vice President
Barbara Downey
Treasurer
Verna Mason
Secretary

Jay Hudson
Managing Director

HOUSE SUB-COMMITTEE ON HUMAN SERVICES
Hon. Ike Andrews, Chairman
2178 Rayburn House Building
Washington, D.C. 20515

Dear Sir,

I am requesting that you support the continuance of RAP. They have proven to be excellent trainers. In addition, RAP has been a reliable resource to the Head Start program when expertise was needed. I feel their continuance is vital.

Thank you,

Sylvia Davis

Sylvia Davis, R.N.
Health Coordinator
Early Childhood Development Program
1014 Armstrong
Kansas City, Ks 66102

AN EQUAL OPPORTUNITY EMPLOYER
COMMUNITY ACTION AGENCY ESTABLISHED BY THE BOARD OF COMMISSIONERS OF KANSAS CITY, KANSAS AND THE BOARD OF COMMISSIONERS OF WYANDOTTE COUNTY AS PROVIDED BY THE ECONOMIC OPPORTUNITY ACT OF 1964

FEB 19 1982

HACAP
A HELP UP, NOT A HAND OUT
105 8th Ave. S E.
Cedar Rapids, Iowa 52401
(319) 366-7631

February 15, 1982

HOUSE SUB-COMMITTEE ON HUMAN RESOURCES
Hon. Ike Andrews, Chairman
2178 Rayburn House Building
Washington; D. C. 20515

Dear Honorable Ike Andrews:

Thanks to resource programs such as RAP, HACAP Head Start has been able to provide services to the participants with handicapping conditions.

We urge you to lend your support to the continuation of the RAP Resource Center.

Sincerely,

Carol Chadwick

Carol Chadwick
HACAP Head Start Director

CC/dh

OAKLAND PARENT CHILD CENTER

751 E. 14th Street
Oakland, California 94606
Phone: (415) 451-1777

February 16, 1982

Congressman Mike Andrews
2178 Rayburn
Washington, D.C.

Dear Congressman Andrews:

I understand that the Subcommittee on Human Resources is to have an oversight meeting next week to consider Head Start funding. So I am sure you are aware, ACYF has proposed reconverting the Parent Child Centers, who serve families with children under three, to Head Start facilities. In other words programs for families with children under three are to be eliminated according to tentative plans.

I am writing you to request that your Subcommittee go on record as opposed to this proposal. Parent Child Centers serve a distinct population almost totally neglected by other community agencies. Where they exist, they strengthen Head Start by beginning intervention at a critical time in the life of the family.

ERIC

95-358 O—82——24

The teen-age parents served by BCC's will have all support withdrawn from them. In Oakland, our BCC is one of three groups serving teen-age parents and there are long waiting lists for all of them. Our teens are valiantly striving to finish high school so they may have an opportunity to become self-sufficient eventually. If BCC ceases to serve them, they will be condemned to welfare probably for the rest of their lives.

Ten percent of our population is handicapped. Being able to discover handicaps before three, makes remediation more possible than if these handicaps are left untreated until the child goes to Head Start or public school.

The population served by BCC's is at higher risk than any other segment of the population. The need for support and resources is highest when the child is an infant and the mother is struggling with post-partum depression, reorganization of her life, and assumption of new roles.

We are enclosing a fact-sheet about Oakland Parent Child that recaps some of our goals and accomplishments. We hope your Subcommittee will be supportive of Parent Child Centers. The poor people of this country need us!

Yours sincerely,

Mary B. Lane
Project Director

OAKLAND PARENT CHILD CENTER

751 E. 14th Street
Oakland, California 94606
Phone: (415) 451-1777

FACT SHEET

Oakland Parent Child Center has existed in the Oakland Community for fourteen years. At present the grantee is Frederic Burk Foundation for Education of San Francisco State University. Region IX of ACYF, San Francisco, California, provides the funds for the program.

Purposes of Program

To make available comprehensive Head Start services to low income families having children under the age of three and to expectant mothers. These services include education, health, mental health, nutrition, social services, parent involvement, and dental services.

Goals of the Program

1. To strengthen and enhance the parent as the primary teacher of the child.
2. To strengthen the family unit.
3. To help parents learn how to cope positively with their daily problems.
4. To open doors for parents in career development, support systems, and recreational and cultural activities so that some hope begins to be a part of their lives.
5. To help them find help for themselves from existing community agencies.

Program Components

The Center's major program emphases are those of Head Start which stresses a coordinated approach through cross-component goals The emphases include:

1. A sensitive, caring environment for infants and toddlers.
2. A concern with developing pride in one's racial heritage through books, music, pictures, food, ceremonies, and beliefs.
3. An attempt to implement a child development curriculum that recognizes racial differences and is consistent with accepted knowledge in the field.

FACT SHEET

4. A parent education program that grows out of stated needs of parents.

5. A career development program implemented in-Center by training clerical, health, and teacher aides and supported by the Adult Education Program of Oakland Public Schools.

6. A comprehensive health program for children and their parents.

7. A teen parent program designed to foster a positive self-image.

8. Decision-making skills through participation in Policy Council, Council and Center Committees.

9. A grandmother's program for parents of teen parents.

During the Center's existence in Oakland, the impact of the Center may be measured by the following facts:

1. Over 1,500 families, low-income, have been served during the fourteen years.

2. At present Oakland serves 160 families.

3. Approximately one-fourth (25%) of these families have a two or three-year experience with the Center.

4. The Center has a staff of twenty-eight (28) with staff having backgrounds including early childhood education, psychology, nursing, counseling, and administration.

5. The basic budget for the Center is $501,439.

6. The handicapped budget is $19,466.

7. Parents and children in-Center attend four days a week from 10:00 a.m. - 2:00 p.m., with the exception of the teen parents.

8. Children receive breakfast and lunch under the State Food Program and parents receive lunch.

9. The Center serves twenty teen-age parents who are in junior high school or high school. The children of these parents attend the Center from 9:00 a.m. - 3:00 p.m. five days a week.

10. Parents participate in the classrooms as aides and attend parenting classes.

11. The Center has a viable career development program that enables interested parents to begin training in clerical, health, and teaching areas.

FACT SHEET

12. A few parents are enabled to continue their education in community colleges. These parents also participate in classrooms.

13. Over half of the Center participants are home based. They receive a home visit once a week and a cluster meeting once a week.

14. The Center has interagency agreements with the Oakland Public Schools, the State of California, Alameda County, and local health agencies.

15. The Center works closely with other community agencies in its Expectant Mother Program.

16. The Center has continuing relationships with agencies in the community serving high risk families and is used frequently as a referral base by these agencies.

17. Ten percent of the Center participants are handicapped.

18. Approximately thirty percent (30%) of the present staff were parents in the program at one time.

19. Approximately ten percent (10%) of the parents who were on welfare when enrolling in the Center are now self-supporting citizens of Oakland or near-by communities.

20. The participants in the Center represent Black, Asian, Vietnamese, and Latino minor ties with a preponderance of Blacks. The staff is representative of all of these groups.

2/16/82

EEK CITY COUNCIL

Eek, Alaska 99578

February 10, 1982

FEB 22 1982

Honorable Ike Andrews
House of Representatives
2201 Rayburn Office Bldg.
Washington, D.C. 20515

Dear Honorable Andrews:

On behalf of the city council of Eek I am writing to you regarding the proposed changes in the Head Start Program, particularly, the Parent Child Program one of which is operating here in the village of Eek.

We strongly feel that the program should not be eliminated. It is vitally important to the village, the children, and the families that it should be continued. The program shows those children who are involved are learning more in the beginning processes of education than those who did not participate. We need the Parent Child Program to continue to insure a good education for our children in the present, and the future. We know that an early education for the younger generation is essential, because they will be the ones who will take over the present leaders of every community. Thank you for your time and we hope to hear from you.

Sincerely,

Nick Nichols
Vice-mayor

cc: Clarence Hodges, Commissioner,
Administration for Children, Youth, & Families
Sharon Hodgkins, Yukon and Kuskokwim,
Parent Child Program

KAMEHAMEHA EDUCATIONAL RESEARCH INSTITUTE
1860 Makukane Street
Honolulu, Hawaii 96817
Telephone: (808) 842-8301

FEB 24 1982

KAMEHAMEHA SCHOOLS / BERNICE PAUAHI BISHOP ESTATE

February 18, 1982

Hon. Ike Andrews, Chairman
Subcommittee on Human Resources
2178 Rayburn House Office
Washington, D.C. 20515

Dear Congressman Andrews:

The Resource Access Project of the Pacific provides much needed training to the Micronesian Head Start personnel as well as to Head Start programs in Hawaii. I am especially concerned about continuing the support services currently being provided to the program in Micronesia since they are so isolated due to distance and very poor communication facilities. More important, the cultural diversity among them is great but not as difficult to bridge as from the American culture.

It is because of this need to understand and work with the various island people in a time of much social and political uncertainty due to the changes in their relationship with the United States, that it is important to continue to provide guidance through programs and a group of people who have already established a firm foundation with the different Head Start directors.

I have personally done training for various groups of teachers, therapists, and administrators with Dr. Setsu Furuno and Dr. Vivian Halverson in projects and programs before RAPP was established in Hawaii. In addition, I have been a consultant to the program working with Ms. Shirley Solomon the RAPP trainer. Ms. Solomon in particular has provided continuity of training over several years and done an exceptional job.

The assessment of needs and well planned serial training being done by the same trainers in RAPP is very important, and their work has been of the highest quality. I urge you to support the continuation of this vital program.

Sincerely,

Carol Hosaka

Carol Hosaka
Early Childhood Education Specialist
Kamehameha Educational Research Institute

CH/kk

CAP

Aiken County Community Action Commission, Inc.

"An Equal Opportunity Employer"

G. A. ANDERSON
EXECUTIVE DIRECTOR

MANUEL J. NIVENS
CHAIRMAN, BOARD OF DIRECTORS

P. O. BOX 2094
237 PARK AVENUE, SW
AIKEN, S. C. 29801
(803) 648-6836

FEB 4 0 1982

February 18, 1982

The Honorable Richard S. Schweiker
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D. C. 20201

Dear Sir:

As President of the South Carolina Head Start Association, an organization composed of Head Start Parents, Staff, and Directors, allow me to extend our heartfelt appreciation for your extensive efforts on behalf of the program. Your opposition to placing Head Start under a block grant certainly saved the day. Anyone wishing for the demise of Head Start could find no quicker way to insure its loss of effectiveness than by having 50 different concepts of how best to meet the needs of Head Start children and parents. In essence, the present grantee system provides a unified approach to meeting these needs with a full range of local flexibility to adapt to each individual situation.

Our association has already responded to the strategy paper prepared by your staff. We should like to note, however, that the time period for response was so short that it did not present to respondents adequate time for careful and thorough preparation.

We would also respectfully point out our fears on turning the entire C.D.A. program over to local state control. It does not appear prudent to have the organization which provides the training of candidates also do the assessment. Likewise, doing away with a national organization to oversee the assessment of candidates greatly decreases the uniformity of the C.D.A. program and would probably lead to less national recognition of the worth of the Child Development Associate Credential.

We are also troubled by the proposed change in the Performance Standards. In 1978, a revised draft of Performance Standards was being considered. A task force in Region X comprised of ACYF Staff, T and TA Providers, and Head Start staff and parents reviewed the proposal, consulted with several state associations, and submitted the Region X report dated May 5, 1978. We mention this only because Head Start programs and Associations were not asked for input on the newly proposed regulations. In fact, many programs have not received a copy of the proposed new draft.

We are strongly against any lessening of the quality of service that has made Head Start the successful program that it is. The current Performance Standards are not considered by Head Start personnel as an onerous collection of irrelevant rules but rather as a minimum set of goals to be achieved if the program is to provide the services which congress had in mind when legislating the program. The current standards have and continue to provide the direction the program needs.

We trust you will give due consideration to the concerns expressed by Head Start programs in South Carolina and across the nation.

Again, allow us to express our appreciation for having such a loyal friend of Head Start occupying the Secretary's chair.

Sincerely,

Joseph A. Warren

Joseph A. Warren, President
South Carolina Head Start Association

cc : The Honorable Ike F. Andrews
The Honorable Thomas E. Petri

FEB 25 1982

SOUTH SHORE MENTAL HEALTH CENTER
77 Parkingway
Quincy, MA 02169
(617) 471-0350

February 19, 1982

The Honorable Ike Andrews
Chairman of Subcommittee on Human Resources
2178 Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Andrews:

I have served on the advisory board of the Headstart Regional Access Project at the Education Development Center in Newton, Massachusetts for the past three years. Throughout this time, I have been impressed by the high level of training and technical assistance services the HRAP has offered to Headstart programs in the New England area. Such high quality training and assistance to Headstart staff are vital to the continued provision of excellent services to handicapped children in a least restrictive environment. RAP services have aided regional Headstart programs serving handicapped children constituting at least 10% of their total population, as demonstrated in the recent New England Headstart Census.

In the interest of excellent services to handicapped preschool children, I strongly support the line item funding of the Regional Access Projects.

Sincerely,

Geneva Woodruff, Ph.D.
Director,
Project Optimus/Outreach

GW/hj

Warren Powers, *President* • Ronald G. Hersch, Ph.D., *Executive Director*

Region II

Community Action Agency

Central Administration and Operations • 401 South Mechanic Street • P. O. Drawer 1107 • Jackson, Michigan 49204 • (517) 787-3020

FAMILY DEVELOPMENT PROGRAM
HEAD START/CFRP
Jackson-Hillsdale Michigan

Head Start was created in 1964 under the Economic Opportunity Act as part of the "war on poverty".

It was designed to provide pre-school children from environmentally and socially disadvantaged families with a "Head Start" on formal education.

Many times health and social services as well as resources and experiences are limited for the disadvantaged child. Head Start provides for nutritional, medical, dental, and social services, and actively involves parents, families, and the community in the process. This does not mean that Head Start itself provides all these services.

Families are referred to local organizations providing services, but if needed services are not available, Head Start parents and staff work with community people to develop new alternatives. Community volunteers often provide needed professional services to Head Start children.

In the early 1970's child development specialists announced that research showed working with the total family, rather than just the 3 to 5 year old child would have a greater, longer lasting impact on the child as well as the family.

As a result, the Child and Family Resource Program was developed. The Jackson-Hillsdale Program was chosen to be one of ten research and demonstration centers nation-wide. In 1973 we began serving 80 families in this expanded project in addition to our regular Head Start children. These families received services for children 0 to 8 and a more intensified focus on the family as a unit.

Due to the popularity of CFRP among Head Start parents and staff and to promising research data, our current program model was designed to combine funding from both Head Start and CFRP into one basic program. Because of this new model, all of our families may choose to be involved in just the basic Head Start option for 3 to 5 year olds or the more comprehensive option involving the entire family.

We currently operate 2 centers located at 1901 Francis Street in Jackson and 55 Barnard Street in Hillsdale. Over 450 families with about 800 children are now enrolled in the total program. Over 200 families are currently enrolled in the CFRP option. These families must meet federal low income guidelines. For a family of four, this income cannot exceed $8450.00 a year. In keeping with the national concern for mainstreaming the handicapped into regular classrooms, 10% of our enrollment must be made up of medically documented handicapped children.

Infant Toddler Home Visit

Parents with children under 3 years old who choose the comprehensive option are assigned a home parent teacher who visits the family twice a month. During these visits she brings in developmental activities to leave with the mother and shows her how to use them with the child until the next visit.

Nutrition, mental health and physical and emotional growth are all considered when planning these visits.

Each child's current development is assessed and lesson plans are individually designed to help him or her develop to their full potential.

The home parent teacher stresses that the mother is the primary teacher of her children and models sound techniques for working with them.

All children 3 to 5 years old are included in the pre-school classroom option. Their parents are urged to come in to volunteer and to become involved in center activities, but no child's enrollment is contingent on the participation of the parent.

Children are fed nutritionally balanced meals and exposed to a wide variety of learning experiences and materials. Teachers hold regular conferences with each parent to report on their child's progress. Three year olds are included in a home visit option similar to that provided for infants and toddlers, but also come into the classroom once a week for group activities.

A linkage between the home, Head Start, and the public schools has been developed by CFRP to ensure school age children are provided with a comfortable transition from Head Start into the public schools.

Parent Education

Two parent education sessions a month are offered to parents while all their children are in the center for group experiences.

Topics such as children's developmental stages, discipline, consumerism, meal planning, and personal needs are discussed. Mothers of infants join their babies in the infant-toddler room for planned group activities with their children. Parents of older children visit the Creative Environment Workshop to make toys or learn games for their children. Friendships quickly develop in the parent education groups and parents look forward to their twice-monthly meetings.

Assessment

If the parent chooses the family centered option, they are assigned a Family Life Educator who meets with them to help them identify family strengths and goals. A plan is developed by the family and the staff people working with them by outlining ways in which the family can reach the goals they have set for themselves.

Referrals are made to connect the family with needed community services. The Family Life Educator meets with the family monthly, more often if necessary, to help find solutions to housing problems, assist in budgeting problems, and job hunting. The Family Life Educator encourages the parents to take action, to return to the school, contact service agencies, or do whatever is necessary to become more independent and in control of their family situation. Parents may choose to become involved in the Policy Council, an option available to all parents of Head Start children. The Policy Council consists of a parent representative elected from each parent education group and representatives from the community. The Policy Council assists staff in policy-making and helps design the overall program each year. Policy Council members also serve on the Board of Region II Community Action Agency. Thru Policy Council, parents begin to learn leadership skills and develop confidence in their ability to deal with problems. Parents begin taking a more active role in their community.

Parents also volunteer in many areas of Head Start as classroom aides, clerical volunteers, assisting with health screenings, and serving on committees to deal with all aspects of the program.

Parents become involved in the program as "decision makers" at center meetings and Policy Council. They receive training at workshops and parenting sessions and work as volunteers and paid employees in the program.

Some parents go on to become involved in the community by serving on public school committees, agency boards, and volunteering in local schools and agencies, and by taking an interest in local politics.

Total families gain an increased sense of dignity and purpose as they find improved services, learn how to work their way through the complicated network of community services, and see their children benefitting from the results of their efforts.

A sense of pride and togetherness is seen in the entire community as a result of joint efforts such as a new playground, a community parent education council, community peri-natal coaching, and community wide staff and parent workshops.

The community benefits from the skills and increased sense of involvement these parents exhibit in their daily interaction with others.

Sandy Jimenez enrolled in the CFRP when her youngest child, Adrianne, was four months old. Her two older daughters were ten and thirteen years old. Separated from her husband, Sandy had been totally involved in the day to day business of single parenting and felt shy and self conscious about meeting new people. Part of her commitment to CFRP required her to attend bi-weekly parent education sessions. Here she learned how important she was in the education of her baby. Sandy learned child care and home management skills, home safety, discipline methods and nutrition. Perhaps most importantly, Sandy learned what a capable, strong person she could be. Through the support of CFRP staff and parents in her group, Sandy learned to speak up for what she believed. She was soon elected Policy Council Representative for her group and began to take an active role in more program projects.

Adrianne benefitted from the medical and dental screenings provided and Sandy began to work with her to develop the skills necessary for future success in life. Sandy felt child rearing was less tiring and more fun now that she was applying her newly learned parenting techniques and began encouraging other parents in her neighborhood to enroll in CFRP. Sandy also began taking college courses.

As Adrianne grew older and was enrolled in Head Start, Sandy began to work even more on Policy Council projects. In talking to other parents, she soon realized that some of the typical problems of low-income parenting could be solved through political action. After election to the Michigan Head Start Federation, she realized that she could work for the rights of low-income citizens. The best way, she felt, was to be seen and heard in the community.

Sandy became an advocate of children and low-income families at all levels of government. She was a member of Jackson Public Schools Bi-Lingual Advisory Committee, is Chairperson of the Public Assistance Committee of the Jackson Coalition for Human Concerns, a Parent-Aide for the Department of Social Services, was appointed by the Department of Civil Rights as their representative to the Foote Hospital Advisory Board of Directors and organized a successful attempt to convince the County Commission to refrain from supporting legislation to cut welfare benefits in Michigan. She voiced her concerns to local Congressmen over lunch, has been asked to join the Advisory Team of Cooperative Extension to recommend future program planning, and many other accomplishments related to the concerns of low-income families. She still supports her local CFRP, getting donations from local businesses to support CFRP projects.

Sandy credits her success to the opportunities and support she received from CFRP. She stresses that CFRP has made great changes in the lives of her and her children. Sandy no longer receives public assistance and Adrianne is doing exceptionally well in kindergarten. Sandy is now a grandmother and states that parenting skills she learned through CFRP are now having a positive effect on the second generation of her family. Last week, Sandy received the Susan B. Anthony Award for outstanding service to women in her community.

FEB 2 0 1982

Congressman Ike Andrews, Chairman
Sub Committee on Human Resources
2178 Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Andrews:

I am writing this letter about my stay in the Philadelphia Parent Child Center. While in the Philadelphia Parent Child Center I learned many things. I learned color, shapes, and numbers. I learned how to get along with others. I started in P.P.C.C in 1967 and graduated in 1970. When I graduated, I had an Achievement Award. I am 15 yrs. of age and attend the Murrell Dobbins Area Vocational Technical High School, which is a well-talked about school in North Philadelphia. I am in the 10th grade. My trade is Business Education. In the field of Business, I also have Bookkeeping I, Shorthand I, and Typing I. My grades are good and I have perfect attendance. As I go on in life I would like to be a secretary.

The P.P.C.C. is a very motivat-

ERIC Full Text Provided by ERIC

05-358 O—82——25

ing project in its district. There are other buildings besides P.P.C.C. There is Day Care, Project Head Start, and others. I really think that P.P.C.C. is a very vital part of the community, and hope it will never be discontinued. I was one of the first graduates and since I've graduated its still going strong. Please support P.P.C.C., it is very important to the community.

Sincerely Yours
Mrs. Kelly Davis
920 West Boston Street
Philadelphia, Penn. 19133

Re: Headstart - Parent Child Center

MAR 17 1982

March 1, 1982

To whom it may concern:
My name is Tonya Jordan, I have two boys whose names are Shamar Jordan two & half years old & James Jordan he's eight ~~months~~. We're a member of Parent Child Center in Dorchester Mass. We just started P.C.C. this year & we enjoy going. I moved to Roxbury which is ~~at~~ out of the district but, I enjoy going so much I catch the bus every Mon. & Tues. Morning with two Kids, I enjoy the people who work here because their nice & their very concerned about me & my Kids and I like that, I know I can leave my Kids at the Center & I don't have to worry about them being mistreated or not eating. I get very frustrated but, when I come here my friend are around and that helps alot.

P.S. Please help Keep the Center Open. ☹

Tonya Jordan
Parent-Child Center
198 Geneva Ave.
Dorchester, Ma. 02121

MAR 17 1982

3/4/82

Dear Honorable Ike Andrews,

I would like to see Parent Child Center in Boston to be kept open because it helped me with my baby. It teaches us different ways to deal with our problems without taken it out on our Children

Thank You
Sandra Wadon
644 Morton St.
Mattapan, Mass 02126

THE PHILADELPHIA PP CC
PARENT CHILD CENTER, INC.
J. Morrissette-Ndulula, Executive Director

MAR 11 1982

March 4, 1982

Mr. Gordon A. Raley
Staff Director
Committee on Education and Labor
Subcommittee on Human Resources
Room 2178, Rayburn House Office Bldg.
Washington, D. C. 20515

Dear Mr. Raley:

I am sending some additional information from two Parent Child Center programs and a copy of this Center's response to the Head Start strategy paper. Please use the material in any way you consider appropriate. I understand that other fact sheets or summaries were sent to Sigrid Caudle by other programs and that she will submit them to you.

Thank you for the guidance and support which we received from your office in the preparation of our presentation before the Subcommittee.

Sincerely yours,

J. Morrissette-Ndulula

(Mrs.) J. Morrissette-Ndulula
Executive Director

JMN/jhg
Enclosures

2515 GERMANTOWN AVENUE, PHILADELPHIA, PENNSYLVANIA 19133 (215) 229-1800

THE PHILADELPHIA PPCC PARENT CHILD CENTER, INC.
J. Morrissette-Ndulula, Executive Director

Submitted to the
Department of Health and Human Services
Administration for Children, Youth and Families
John Busa
Acting Deputy Commissioner

From the
Philadelphia Parent Child Center, Inc.
Hattie Lawrence, Chairperson, Policy Council

VIA
Region III, Head Start Bureau
Powell James, Chief

Date
November 24, 1981

Subject
Response to the Draft of the Head Start Strategy Paper
"Head Start Directions for the Next Three Years"

2515 GERMANTOWN AVENUE, PHILADELPHIA, PENNSYLVANIA 19133 (215) 229-1800

PHILADELPHIA PARENT CHILD CENTER, INC.
2515 GERMANTOWN AVENUE
PHILADELPHIA, PENNSYLVANIA 19133

Response to the Draft of the Head Start Strategy Paper,
"Head Start Directions for the Next Three Years

On behalf of the parents, staff and Policy Council of the Philadelphia Parent Child Center, we wish to thank the ACYF staff for sharing the strategy paper and for inviting us to respond and contribute to the thinking in relation to the future of Head Start.

We agree that Head Start should improve the quality of service, expand if possible the number of children served, and operate programs more efficiently. However, these same words seem to have a somewhat different meaning for the ACYF Office than they have for local programs. We agree with some of your plans as projected in the paper; however, while others appear at first glance to be helpful, upon closer examination their possible effectiveness seems questionable or at least unclear. Furthermore, still other suggestions, if implemented, would be neglectful and in some instances harmful to our young children. We are greatly concerned about those in the last category and therefore request that the following proposed changes not be implemented:

1. "Conversion of Parent Child Centers (PCC's) to Regular Head Start Programs"
2. "Consolidation of Small Grantees"

A discussion of the two issues follows:

"Conversion of Parent and Child Centers (PCC's) to Regular Head Start Programs."

Our discussion of your thinking to discontinue PCC's will cover three areas. They are need, theoretical and experimental support, and cost.

Need

The PCC program intervenes at the earliest possible stage in a child's development, at the stage when many deficits can be either prevented or eliminated before they become entrenched. All of us agree with the health profession which stresses the importance of prevention. Why not adopt and apply this same thinking in relation to "comprehensive developmental services" to children?

Many of the children who are targeted by the PCC program are in danger of developing deficits (learning and others), unless there is intervention. And this intervention does more and costs less in the end than if it began at age three or four.

PCC's affect more than the children and the parents involved. They benefit the total family of the child, neighbors and friends of the family and as a result; impact on the total community.

Theoretical and Experimental Support

As ACYF's Head Start/Directions draft paper points out, there is no doubt about the effectiveness of preschool programs. Reliable researchers such as Zigler (Early Childhood Intervention Programs: A reanalysis, 1980) and Lazar (Intervention is Effective, 1980) have amply documented the ability of early education programs to increase "disadvantaged" children's abilities in all areas to levels at least equal to those of "advantaged" children. It has also been shown that these gains can be maintained through the elementary years--for example by Gray (Family-Oriented Home Visiting Program: A Longitudinal Program) and Lazar (The Presistence of Preschool Effects: A long-Term Follow-up of 14 Infants and Preschool Experiments).

The draft paper suggests that in order to provide for a larger number of

children the Parent Child Centers should be eliminated and the money used to provide more slots in Head Start programs for four year olds. The authors of the draft seem to have overlooked or forgotten the lessons learned about program effectiveness during Head Start's early years. The original programs, conducted during the summer for four year olds, were generally not very successful in promoting any long-term (or even short-term) gains. It was soon realized that programs needed to be extended in length and that children had to be enrolled at an earlier age.

A number of studies have indicated that the earlier a child is involved in a preschool program the more successful he is in school. Palmer (1976) found that fifth grade children who had been enrolled in an early intervention program when they were 24 months old had significantly better reading abilities than did children who had not enrolled in the program until they were 36 months old. Indeed, Heber and Garber (1972) stress that prevention of learning problems requires "increasing emphasis on early detection and intervention." Their program, which focused on mothers during pregnancy and during the early development of their children demonstrated long-lasting increases in children's learning ability, language development, and IQ.

A very comprehensive study (Vopava, 1978) of early intervention programs which had proven to be successful identified five characteristics as being the most significant indicators of program effectiveness. These were: child's age at the beginning of intervention (the younger the child the more effective the intervention), adult/child ratios, goals for parents, home visits, and parent involvement. The investigators concluded that "the most effective programs were those where one intervenor worked with an infant or toddler and his/her parent in the home" (emphasis added). This is a very good description of a Parent Child Center!

Cost

We can appreciate problems due to budgetary constraints. Inflation has made the operation of all of our programs more difficult. As you consider discontinuing PCC's, the issue becomes whether the cost benefits derived from the conversion of PCC's to Head Start Programs will outweigh the detrimental effect of the loss of such vital services to our children, families, and communities.

There is the need for long range financial planning on the part of ACYF to avoid the danger of short sighted savings. We hope that the Office will avoid being "penny-wise and pound foolish."

It has been estimated that the cost of PCC is approximately $11 million, while the total Head Start budget is $830 million. This is equal to approximately 1% of the total budget.

Since there is general agreement that the earlier intervention begins with children the greater the long-lasting returns, this means that the dollars would be better spent. But to discontinue PCC with the hope of saving money is certainly not a cost-saving measure. It means that we will save money next year, but we would be borrowing from the future. To expand and operate an effective PCC program will mean that Head Start's job would be easier and money would be saved in the future. But to delay the beginning of our efforts until the child reaches the Head Start age only means that Head Start's future problems will be much greater and much more costly. The proposed conversion of PCC's will have detrimental results which will not be seen immediately but which will emerge after the current ACYF policy makers have moved on to other positions and will no longer have to take responsibility for their decisions of this year, the next and the year after that.

We believe that the PCC Program is an indispensible element in the scope of our overall program.

Although we agree with the draft Head Start paper that the Head Start Program is "A Program that Works," we cannot justify the total sacrifice of PCC's to sustain Head Start's existence.

"Consolidation of Small Grantees"

This item might just as easily fall under items in the Draft which are unclear, and need further clarification. We need to know your definition of a "small grantee."

The experiences of our Center in relation to the grantee issue constitute strong arguments against the concept of continuation of what we would call "super grantees." If the National office is sincere about helping programs operate more efficiently it will reverse this practice and will begin moving in the opposite direction, which might result in there being more grantees than currently exist. Our Center has had three Head Start grantees (two for the PCC program and one for the Head Start program). One (Family Service of Philadelphia) made it possible for the program to operate well and we were content to remain under that agency; however, the agency initiated the steps to have our Center become its own grantee. Needless to say, the other two grantees made the operation of our programs difficult, and funds spent to operate those grantees were not efficiently handled. Based on what we have heard from almost all program people most of the grantees fall into the catergory of our latter two grantees. Not only are they not especially helpful, but they actually impede program effectiveness and increase operating costs.

If the intent is to eliminate delegate agencies, this might very well be a good step. We feel that as another cost saving measure, that instead of having costly levels of bureaucracy, it would be far more cost effective for

the money to be put into the hands of those operating the programs (delegate agencies become the grantees).

Proposed Plans that are Unclear

1. Limiting the Duration of Program Operations

We would appreciate knowing how the ACYF staff see this proposal as operating, especially the eight month year. It is our view that such discontinuity might be harmful to the children's development if such a policy is implemented. In addition, it does not make sense to pay staff for eight months when an acceptable salary for twelve months would be almost the same.

2. Increase in Number of Children Served, Increase in Staff Salaries, Increase in Quality of Program

The possibility of increases in all of these areas does not seem possible in light of continuous increase in inflation.

3. Why the Child and Family Development Demonstration Program?

Why start up a new program when the PCC and CFRP programs are already in place and studies needed might very well be done in the already existing programs?

Areas of Agreement

1. Utilization of Community Resources

Objective 4 states that ACYF intends to "strengthen Head Start's relationship with other public, private and voluntary agencies and organizations, and it stresses "increasing the utilization of non-Head Start resources." This sounds very good. Many Head Start programs have secured the cooperation of other organizations, both private and public. However, we must be mindful that these agencies have, in almost all cases experienced large budget cuts. They are often not able to provide the same level of service that they provided in the past.

Many public, and also private, agencies and organizations are hindered by various regulations from providing effective service to Head Start programs. Our program, for example, serves children who live in four different catchment areas of the local mental health/mental retardation programs. The regulations governing these agencies prevent them from serving children outside their catchment area -- so that it has been impossible for us to convince one mental health/mental retardation program to provide comprehensive mental health service to our agency, and it is too time-consuming to attempt to develop good working relations in terms of consultation, referrals, classroom observations, testing of children, etc. with four different agencies.

We have found that agencies are much more willing to provide services when we pay for them, and that the agencies which provide services are more accountable to us. We presently have an excellent relationship with United Cerebral Palsy of Philadelphia for example. For a very small amount of money ($35/child), United Cerebral Palsy provides the services of a psychologist, physical therapist, occupational therapist, and speech pathologist. They are more than willing to visit our Center, see parents in their homes, meet with social service staff, and provide workshops for parents and staff. They would not, however, have been so eager to provide these services for free.

2. Training and Technical Assistance

We feel that these services could be much reduced, especially on the state level. Afterall, if Head Start trainers have been doing their jobs effectively over the last 15 years, programs should have become more and more effective and efficient in their operations and less and less in need of expensive training.

We have found, however, that the regional training office is especially able to meet our training needs. We have found that a program with a relatively small staff of highly qualified trainers who are available on an individual, on-call basis, are most effective in providing technical assistance to our program. We also agree that training staff time should not be wasted helping regional office staff perform on-site compliance reviews. (As discussed in the draft paper on page 26).

We do feel that a small amount of money should be available to local programs to use for their own immediate particularized training needs.

The draft paper did not discuss conferences (National, regional, state) and workshops for large groups. We think these are generally wasteful in terms of the large amount of money spent on transportation, room and board, and time. The benefits of such conferences are questionable and do not seem to be worth the considerable financial outlay involved.

3. Other Draft Recommendations

We also agree with various other draft recommendations such as streamlining and integrating reporting systems, limiting class time to no more than six hours a day, and reducing class size.

It appears to us that the proposals that were made in the "Strategy Paper" excluded the contributions of specialists in the fields of early childhood, developmental psychology, pediatrics, or even the experienced specialists in ACYF. We are reasonably confident that the representatives of any or all of these groups would have strongly advised against discontinuing PCC's and CFRP's and converting to an eight-month year.

There has certainly been enough solid research in the area of early childhood that any proposals for changes in the Head Start program should be based on what has so far proven to be effective.

In summary, we request that the following recommendations be implemented:

1. PCC's and CFRP's should be retained.

2. The duration of program operations will continue to be a local option.

3. Delegate agencies should be eliminated and extremely large grantees discouraged. Funds should flow through the letter of credit system directly to the operating agencies. The entire question of grantees should be examined in greater detail. Perhaps the function of grantees could be redefined and the role of regional office examined in relation to the monitoring and supervision of grantees. Cooperation among grantees should be fostered by the regional office.

4. Reporting systems should be streamlined.

5. T & T A should be streamlined.

6. Class size should be reduced and the quality of programs increased.

7. Compliance reviews should be done by ACYF staff.

8. We encourage the increased utilization of community resources. However, such a plan should be qualified by the realization that there are limitations inherent in the amount of cooperation attainable from community organizations, corporations, and volunteers.

(Mrs.) Hattie Lawrence, Chairperson
Policy Council
November 24, 1981

References

Zigler, E. "Early Childhood Intervention Programs: a Reanalysis," School Psychology Review, Fall, 1980, 9:354-68.

Lazar, I. "Intervention is Effective," Educ. Lead., January, 1981, 38:303-5.

Gray, S. "Family-Oriented Home Visiting Program: A Longitudinal Study," DARCEE, Geo. Peabody College, Nashville, Tennessee, 1978.

Lazar, I. "The Persistence of Preschool Effects: A Long-Term Follow-Up of 14 Infant and Preschool Experiments," Summary of Final Report for Grant No. 18-76-07843, Oct., 1977, Research Division, ACYF.

Palmer, F.H. "The Effects of Mimimal Early Intervention on Subsequent IQ Scores and Reading Achievement. Final Report," Denver: Education Commission of the States, 1976.

Heber, R. and Garber, H. "The Milwaukee Project: A Study of the Use of Family Intervention to Prevent Cultural-Familial Mental Retardation," Madison, Wisconsin: Rehabilitation Research and Training Center in Mental Retardation.

Vopova, J. and Boyce, J. "Comparison of The Long-Term Effects of Infant and Preschool Progress on Academic Performance," Paper presented at the Annual Meeting of the Am. Ed. Research Association (Toronto, March 27-31, 1978).

PARENT-CHILD CENTER

198 Geneva Avenue
Dorchester, MA 02121

1982 Program Summary

The Parent-Child Center (PCC) will begin its fourteenth year of program operation January 1, 1982, and is funded through ACYF as part of the overall Head Start effort. The PCC is a non-delegated agency that comes directly under the jurisdiction of ABCD, Inc. The requested Federal Funding Level is $338,839, which is supplemented by approximately $84,709 of non-Federal, in kind contribution. (ACYF) requires 20% non-Federal Funding for PCC).

The philosophical, theoretical and structural framework for PCCs is similar to the Head Start program, except for certain differences in emphasis, as follows:

-PCCs focus on families with children from birth to 3 years of age and pregnant women.
-PCCs focus on intervention and prevention at the earliest possible age.
-PCCs are expected to give even greater emphasis to parent involvement and participation.

The program concept grew out of the early Head Start experience and the recognition that the period from birth to 3 years represents a crucial time for shaping the future life of a child and that intervention should begin as early as possible to prevent or mitigate the disadvantages of poverty.

The PCC strategy, then, is to provide an array of services, including child development, health, social service, and nutrition to low-income families who have at least one child under the age of 3 and to pregnant women. The PCC services and work program are an outgrowth of the following general objectives:

-To improve and enhance the overall developmental progress of the child.
-To increase parent's knowledge of their own children's development
-To strengthen the family unit and functioning by including and involving parents directly, in the daily program
-To promote and develop positive parental attitudes and practices relating to child rearing and parenting.

The Child Development component at PCC offers a range of age-appropriate activities and choices, based on each child's individual needs, which are designed to promote maximum congnitive, emotional and physical development.

The Social Service component provides outreach to new families; enrollment and orientation; needs assessment, resource referral, home visits, long and short term case work and other supportive services which assist parents in overcoming economic and personal problems in order that they may be freer to function as parents.

Comprehensive health services are ensured through routine enrollment of every family in the neighborhood Community Health Center. Direct health services are provided by our staff nurse and include physical and dental screening, referral and follow-up, home visits, health education for staff and parents - emphasizing preventive medicine - and maintenance of complete family health records.

Excellent nutrition is demonstrated through a breakfast, snack and hot lunch program. In addition, early and intensive attention is given to special nutrition needs such as prevention of nutrition related deficits during pregancy.

Because of the daily involvement of parents in our program, they are able to gain knowledge and understanding of the stages of child development and the importance of their own role during this time. Their participation enables parents to gain information, to learn about community resources, to participate in the planning and implementation of program activities, and to act in all program components as observers, volunteers and finally as paid employees. This emphasis on parental involvement supports the hypothesis that children's gains will be reinforced when accompanied by parental knowledge and confidence in their own ability as teachers and advocates for their own children.

The PCC operates 11 months each year and serves 90 children and families in two, two-day cycles each week in the intensive, center-based program. The fifth day is utilized for a variety of activities such as orientation for new participants, specialized services to individual families, staff training, report writing, and program evaluation.

During July, PCC offers an enrichment program designed to include the total family in recreational, educational and interactional experiences which contribute to strengthening the family unit.

The maximum length of center participation is three years. This allows parents and children the opportunity of participation and experience in each of the three, age-appropriate developmental units; permits PCC to serve more families, and provides optimal benefits to families without fostering dependence and delaying the experience of families, successfully, meeting their own needs.

The Boston Parent-Child Center is one of the 32 National PCC programs and the only one of its kind in Massachusetts. It is the only program in the 11 ABCD target areas which focuses on children under three years of age and their families.

While the program may be unique, the need for services to this population is not. The on-going recruitment and enrollment gives evidence to continuing problems in all areas surrounding the lives of these young, low-income families.

ERIC Full Text Provided by ERIC

95-358 O—82——26

FEB 19 1982

Head Start Child Development Program

P O BOX 2054 — CORNER WHITNEY AND LOOMIS
DAYTONA BEACH, FLORIDA 32015
TELEPHONE [904] 253-9786 — 252-4116

February 15, 1982

Mr. Ike Andrews, Congressman
House of Representatives
2201 Rayburn House
Office Building
Washington, D.C. 20515

Dear Mr. Andrews;

I am employed by The Head Start Child Development Program as Outreach Handicap Coordinator and serve handicap components of Head Start programs in a seven county area in Northeast Florida.

An extremely valuable contribution in assisting these programs to meet the needs of their handicapped children is made by RAP (Resource Access Project - located in Chapel Hill, N.C.) Some of the areas of assistance offered to Head Start grantees; providing training and technical assistance; identifying local, regional and national resources; and determining local areas of need through surveys.

I heartily endorse the efforts made by RAP and do sincerely hope that funding for this and the other fourteen RAP'S nationally will be sustained in the future.

Sincerely,

Jeff McConnell

Jeff McConnell,
Outreach Handicap Coordinator

c.c. Trish Mengel
Sally Marshall

FEB 19 1982

FEB 19 1982

11 Wigglesworth St.
Boston, MA. 02120

February 17, 1982

The Honorable Ike Andrews
Chairman of Subcommittee on Human Resources
2178 Rayburn House Office Building
Washington, D.C. 20515

Attn: The Honorable Ike Andrews

This letter is in support of the National Regional Access Project which has been providing technical assistance, training as well as disseminating information to Head Start programs about special needs children and their families. The vital contribution they are making must be continued if we are going to keep our commitment the youth of America.

RAP has been working hard to orchestrate a network of agencies and persons who work with special needs issues and together we are identifying and developing new ways of delivering services which are both cost effective and beneficial. We believe that these efforts should continue and enlist your help in this effort.

Sincerely,

Loretta M. Dixon

Loretta M. Dixon, ACSW

LMD:ph

MAR 1 [illegible]
3. 4. 82

Congressman Ike Andrews
Subcommittee on Human Relources
Rayburn office Bldg, Rm 2178
Washington, DC.

Honorable Congressman Ike Andrews:
My name is José Olmos. I am employed by the Parent Child Center, as a Social Worker and Alumni Coordinator. I began to work in this Program on March of 1979, at that time PCDC was under the auspices of the Dept. of Psychology of the University of Houston as a Research Project. It consisted of tow groups: Control and Experimental. I had the honor of observing both groups and the differences were noticable.

At the end of 1979 and beginning of 1980 it ceased to be a research project and it became an educational program. This program was not only for the children enrolled, but it also included the whole family. In these last few years special emphasis has been placed on the family. This is what makes this a special program. It is precisely this aspect that is hard to understand,

unless you are directly involved in it. The PCC of Houston is of the family and for the family. I have the privilege of working with the Parents. The progress made in their home and for the Community is impressive.

Because of all of this it would be harmful to the hispanic Community if this program was to be discontinued. I have seen and participated in many other programs and in none have I seen the involvement of the total family as I have seen in the PCC.

In this program the whole family grows. The family is saved and when the family is saved, Society is saved. Our Goal is to develop and demonstrate ways of strengthening families and enabling parents to optimize the intellectual, social and physical development of their children.

Realizing the importance of the family, we enhance and fortify the family unit and work with and for them

Sincerely
Lori Flores, S.W.

(consent 38 APP - 388)

March 10, 1982

Congressman Ike Andrews
Subcommittee on Human Resources
Rayburn Office Bldg. Rm. 271
Washington, D.C.

MAR 23 1982

Dear Congressman Andrews:

I would like to express to you in a few words what our program Family Service Parent-Child Center of Houston is about.

We are situated in the heart of a Mexican-American community and dedicated not only to benefit one child in a family but all the existent children and the ones to come.

Our main objective is to enhance the development of parenting skills, family communications, involvement in schools, social services and community in general with the purpose of better their life and their children's opportunities.

We have a program in wich the mother and her children under five years old, come to our center four mornings a week; we have a special curriculum for the two year old in wich the teachers help the child to develop to his fullest capacity.

We also have a curriculum for the mothers in which we discuss and analize the child and his development, physical, emotional and social; we also cover nutrition and budget on the family, sewing, language, english classes etc...

In additional we get the whole family involved on Sunday workshops, also once a month we have evening parent meetings and invite speakers for presentations.

We believe that it is essential for the parents to understand that the guidance and years of formation are important before the child is three years old.

It is important to recognize that before the child is three years old will form a self concept, personal habits, attitudes, self discipline and general personality.

Their early childhood development determines how the child is going to perform in school and later on in his life.

We have worked and have seen results based on data collected for many years through the University of Houston

Physiology Department.

We can see our children getting ahead in school, getting on Magnet programs, being leaders and good family members.

We can see results through the Alumni group, that is formed with families that had participated in the P.C.C. program. It is a dynamic group of parents organizing fund raising events, educational conferences and seminars and week-end programs for their children.

In general the alumni families are interested in a new and better life.

I hope that you take in consideration programs like ours, programs that are focussing on families and education.

By recognizing the importance of the program we would have a hundred times less problems in the future.

Thank you for your time and attention

Selma Salazar

MAR 23 1982



Woonsocket HEAD START

2 Bourdon Boulevard
Woonsocket, R. I. 02895
Tel. 401-769-1850/51

Sheila Skiffington, Director

March 4, 1982

The Honorable Ike Andrews
Chairman of Subcommittee on Human Resources
2178 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Andrews:

This letter is to express support of the Resource Ac ess Project contract. As I am sure you are aware, Head Sta t programs across the country are mandated to seek out and service preschool handicapped children. The Head Start program of which I am director has been committed to the philosophy of mainstreaming. The program staff and parents fully recognize and support the concept of mainstreaming for handicapped children as well as the non-handicapped children.

Yet, the task to recruit and effectively service our handicapped enrollees demands much effort, extensive knowledge of handicapping conditions and experience and skills. The Resource Access Project has been instrumental in assisting Head Start in their mainstreaming efforts. Through the Resource Acess Project, our Head Start staff has received informative materials, meaningful training sessions and assistance in locating appropriate resources for the family and handicapped child and/or program.

Head Start's success in intergrating and mainstreaming handicapped children into classrooms has been in a great part due to the technical assistance and shared expertise of the Resource Access Project. Head Start's success in servicing handicapped children has been proven to greatly reduce the cost of extensive and prolonged special education services. Therefore, refunding R.A.P.'s contract should be viewed by the administration as a cost effective measure. We urge you to support us in these efforts.

Sincerely,

Sheila A. Skiffington
Executive Director



Tomorrow Better
A
For
Today
Building



NATIONAL INDIAN HEAD START DIRECTORS ASSOCIATION

107 CAROL STREET TAHLEQUAH, OKLAHOMA 74464
(918) 456-0671 EXT. 238

March 4, 1982

The Honorable Ike Andrews, Chairman
Sub-Committee on Human Resources
2178 Rayburn H.O.B.
Washington, D.C. 20515

MAR 10 1982

Dear Congressman Andrews:

On Tuesday, February 23, 1982, the House Education and Labor Subcommittee on Human Resources conducted oversight hearings on "Head Start: Directions for the Next Three Years", a policy position paper issued by the Administration on Children, Youth, and Families. It was my honor and pleasure to be invited to testify before the Human Resources Subcommittee.

I did appear before this Committee of which you are the Chairman. Allow me to express my appreciation that the Indian and Migrant Head Start Programs were given consideration to testify.

The 118 Indian and Migrant Head Start Programs are funded to serve over 29,000 eligible three, four and five year olds. We want you to know we've developed and maintained excellent programs with the funds granted us. It is our message to you and your Committee that we've been trustworthy and responsible to our children and therefore, continue to deserve Head Start as is with regulations and accountability requirements and reasonable budgetary increases to remain at an acceptable operational level.

To you and the Committee Members, I thank you for hearing us and the consideration you're displaying for the Head Start Program. I am anxious to read the Congressional Records of the Head Start Hearings.

Sincerely,

Yvonne Bushyhead

Yvonne Bushyhead
President, NIHSDA

YB:la

cc: Chief Ross O. Swimmer, Cherokee Nation
Mr. Hank Aguirre, IMPD
NIHSDA Governing Board Members
Ms. Dorcas Hardy, DHHS

3-5-82

MAR 16 1982

Congressman Ike Andrews
Sub committee on Human Resources
Rayburn Office Bldg. Rm 2178
Washington, D.C.

Dear Congressman Andrews:

I have been working for the Parent Child Center for over 10 years and have seen the benefits for our families attending the program.
Some of the children that have been here in past years are now going to junior high school and are doing excellent.

The parents get together for regular monthly meeting and this is when we hear all the good things the children are doing. I feel that we have a great project, not only for the children and the parents, but also for the employees.
We go through routine training and development that enhances our skills when working with the children + families.
I feel that to convert Parent Child Centers to regular headstart would be a mistake
We must not let this happen.

Within the past 13 years of operation, our project has served as an educational model for 500 [illegible] mexican-American families with each family representing an average family house hold of 5.
Working with the whole family strengthens the family unit.

Please reconsider do not convert Parent Child Centers to regular head start.

Sincerely
Mary F. Montoya

MAR 1 a 1982

March 5, 1982

Congressman Ike Andrews
Sub-committee on Human Resources
Rayburn office Bldg. Rm 2178
Washington, D.C.

Dear Congressman Andrews:

I Mary Lou Rodriguez an employee of P.C.C Parent Child Center. My position is Home Educator. We go into the family's home to share information of strengthening families and enabling parents to optimize the intellectual social and physical development of their children.

It was recognize that by being in the program the mother allowed more freedom to explore and encouraged Cognitive, intellectual language, and social development with their children.

The children of PCC that entered kindergarten are observed by their teachers in the classroom. They perform alot better than other children in the class room.

In addition PCC children were more extroverted, more task-oriented, and less hostile than the other class members.

The program had a significant impact in facilitating the parents in becoming primary teachers of their children and not merely caregivers. Please take all these things into consideration.

Sincerely Yours
Mary Lou Rodriguez

MAR 23 1982

March 8, 1982

Congressman Ike Andrews
Subcommittee on Human Resources
Rayburn Office Bldg. Rm. 2178
Washington D. C.

Dear Congressman Andrews;

The Director of our Parent Child Center attended a meeting in Washington on Feb. 22, 1982. She was informed that the Parent Child Center would be converted into Headstart. When I heard this very disappointing news, I felt a need to write and express my concern.

I am one of the families that went through the P. C. C. program in 1976. Presently, I am working in that same Parent Child Center. I became very motivated to get involved, because I believe and wanted to support their goals and objectives.

The Parent Child Center strengthened my parenting skills, positive guidance techniques and communication skills. It motivated me to further my education. I am attending night classes in a Junior College to acquire my degree on child development which will enhance my skills

to provide quality teaching to the two year olds in my classroom.

I feel that the Parent Child Center program is a very unique Parenting Center. It offers alot to the people of my community. If the Parent Child Centers convert to Headstart, the people in my community will suffer a great loss and setback because I do not feel that the Headstart program will have the concern of the people and their children. The Parent Child Center program understands and knows how to meet the needs of the people and their children.

Sincerely,
Elizabeth A. DeLeon

MAR 19 1982

Family Service Center
Parent - Child Center

El Centro del Desarrollo de la Familia y el Nino
206 North Delmar
Phone: (713) 928 2222, 928 2186 or 928-2229
Houston, Texas 77011

March 9, 1982

Congressman Ike Andrews
Subcommittee on Human Resources
Rayburn Office Building, Room 2178
Washington, D.C.

Dear Congressman Andrews:

On Tuesday, February 22, 1982, I attended the Congressional Subcommittee Hearing regarding the Head Start and Parent-Child Center programs. I was devastated with the proposed plan to convert the Parent-Child Centers into regular Head Start programs. How can the conversion plan be justified when the 13-year history of PCC has been extraordinary. For example, since 1969, the Houston Parent-Child Center has served approximately 1,300 low-income Mexican-American families with each family consisting of an average household of 5 children. In reality, the program has provided educational and social services for at least 6,500 individuals.

Having served as a research project under a grant to Bank Street College of New York from 1970 to 1980, the Houston's Parent-Child Center has been successful in generating extensive data utilized in interpreting and measuring program results and benefits. Dr. Dale Johnson, Professor of Psychology at the University of Houston and Principal Investigator of PCC for 11 years, has been responsible for collecting and interpreting this data. For example, in May 1977, 24 PCC children who entered the public school system were observed by their teachers in the classroom. The results indicated that these children's school performance was far superior than the other class members. In addition, the PCC children were more extroverted, more task-oriented, and less hostile than the other class members.

Follow-up studies conducted by Dr. Johnson confirmed the 1977 results. The follow-up studies, although incomplete, indicated that PCC children entering kindergarten and first grade are academically prepared to enter fourth grade. More

so, from 1969 to 1980, 25 percent of the PCC children were identified by the public school system as gifted and talented by being placed in Houston's Vanguard or Magnet School Program. Furthermore, 5 percent of the 1980-81 children graduating from PCC were identified by the program teachers as potential academic achievers.

The studies conducted by Dr. Johnson also revealed that by the end of the program (child's age, 36 months), the mothers were more affectionate, used praise more often, allowed more freedom to explore, and encouraged cognitive, intellectual, language, and social development with their children. In 1980-81, at least 20 percent of the PCC children completing the program were placed by their parents in a pre-school program such as Head Start.

In addition to enhancing the mothers' parental and child development skills and the children's academic preparation, the program was responsible for preparing the families to better handle the stress of daily living within their community. For example, with the assistance of the PCC's social service program, the families were referred to employment training programs, educational assistance programs, direct job placement, and other related referral services. In addition to experiencing improved economic and employment changes, the families developed more effective communication skills with the schools regarding their children's educational and social needs. For example, follow-up studies by PCC staff indicated that the PCC families were more actively involved in school related functions than the families without PCC experience.

Besides maintaining an active role in community and school related functions, the PCC families completing the program became active participants of the PCC Alumni Association. The primary goal of the Alumni is to facilitate the PCC families in becoming a self-sustaining group capable of continuing their relationship with the center and interacting with the community. The Alumni Association, consisting of 100 PCC graduating parents, functioned with much visible pride and unrelenting enthusiasm. In 1980-81, the association was responsible for coordinating activities such as fundraising, educational seminars, family special events, etc. The success of the Alumni Association was attributed to their positive experiences and continued involvement with PCC and the community.

If the statistical results indicate that the educational growth and development of the PCC families and their children has been phenomenal, then, why disrupt the stability and soundness of the program. The conversion plan would mean a change in the program's philosophy, goals, and objectives. With the current upheaval occurring within Reagan's social policy, can the PCC's sustain a change and continue to contribute to the growth and development of the families and their children?

Sincerely,

Irene M. Porcarello

Irene M. Porcarello
PCC Director

March 15, 1982

Congressman Ike Andrews
Subcommittee on Human Resources
Rayburn Office Bldg, Rm 2188
Washington, D.C.

MAR 23 1982

Dear Congressman Andrews:

After hearing the news from my director about the conversion of Parent Child Center to Head Start, I was surprised and upset especially because the program has been good to the community, my family, and my children.

As a participating parent of P.C.C and now an employee since 1972. The program has done wonders for the growth and development of my children and myself. Because of this experience, I was able to be a better parent for my children and prepare them for a better educational experience.

As for the community a program like this is needed due to the limited children services available to the low American families. This program has been responsible for development & strengthening leadership and social skills among the parents. I as a parent and community member can vouch for this.

As P.C.C's Nurse Aide, I work with the P.C.C. children (1-3 years) and find them with serious problems, anemic, lacking

immunization shots, poor prenatal care, and in great need of Child Development. This program prepares mothers to understand the need for preventive dental care, personal hygiene and the awareness of nutritional values for the family. Also it helps the mothers' to be Self-Assertive by being active in school Activities and to recognize their Children's rights in schools. If in any way you Could visit us or look into our program, You will see our program to be unique from Head Start.

The Head Start program provides day care for children whose mothers work or go to school. The Parent Child Center is a development program to prepare a mother to be a better parent, to understand the development of the Child from the day he/she is born.

Please reconsider the change of P.C.C. before it is to late.

Sincerely,
Irma Diaz

MAR 24 1982

Washington, D.C. Parent Child Center, Inc.

2120-24 FOURTEENTH STREET, NORTHWEST
DISTRICT OF COLUMBIA 20009
(202) 462-3375

Helen C. Butler, Chairperson • Sygrid Y. Caudle, Executive Director

March 16, 1982

Honorable Ike Andrews, Chairman
Sub-committee on Human Resources
U. S. House of Representatives
Room 2178, Rayburn House Office Building
Washington, D. C. 20515

Dear Congressman Andrews,

Thank-you for the opportunity to submit written comments for the hearing records of February 23, 1982, on "Head Start: Directions for the Next Three Years."

Sincerely,

Sygrid Y. Caudle

Sygrid Y. Caudle
Executive Director

Funded By HEW/UPO • Head Start • United Way • Department of Human Resources

WASHINGTON, D.C. PARENT CHILD CENTER
1325 "W" Street, N.W.
Washington, D.C. 20009

Sygrid Y. Caudle, Executive Director

Comments on ACYF Strategy Paper

"Head Start: Directions for the Next Three Years"

TOPIC: "PHASE OUT OF PCC!s"

There are several Head Start Programs in Washington, which serve approximately 1665 children. There is only one Parent Child Center in Washington with the program capacity to serve one hundred (100) children and families. There are thirty-two (32) additional Parent Child Centers scattered throughout the United States.

Nowhere in America, with the exception of a few selected rural areas and urban centers, is the need for early intervention as a practical model of human development stimulation, more critical than Washington, D.C. In 1978, almost 300 births were by women under 20 years of age and 92% of these pregnancies were out of wedlock. Washington, D.C. has the highest teenage pregnancy rate in the country, with 19.38 pregnancies per 1000. The national average is 10.74 pregnancies per 1000.

Looking at those facts and taking into consideration the state of America's public schools which start at age five, justifies the Parent Child Center intervention model being offered as a program to the Washington community specifically and to comparable to locales nationally. Parent Child Centers are the only concept that focuses on the total family. Although our primary focus is on children aged

0-3, many PCC's operate Head Start Classrooms to continue to serve children from 3-5 years. It has been demonstrated that our children and parents are better prepared for school and the parent participation so badly needed in community schools.

While our parent client groups get younger and younger, and the general public support as well as private employment (D.C. youth unemployment close to 50%) opportunities for the parents diminish, we find too many single parent families who lack guidance and support for appropriate child development. We recognize that there are strengths within single parent families which nurture healthy development. However, our experience has shown that when times get hard, it is usually those who are weak or who are unable to do for themselves, suffer the most. Early intervention to focal parents and to children aged 0 to 3 is critical for they are the most helpless. PCC's have helped in preventing infant deaths, and reducing second pregnancies and helped in identifying and correcting early health and developmental problems. In fact they have accomplished and are continuing to accomplish their goal to give a head start to those in need.

We believe that to continue PCC's and expand the focus of the Head Start Program to the earliest years of a child's development is important in nurturing parent involvement and support, while giving the child a head start in setting good patterns for later development and competent functioning. Good parent education program have positive results by helping the parent to establish as a high priority in their life the child's growth and development.

Early intervention models have shown that focusing on supporting and educating the mother in the early years of the child's life, gives the child and the mother positive gains in attitudes as well as the child's development.

In reviewing national data, compiled by The Comptroller General, July 23, 1981, the elimination of PCC would serve a minute percentage of children eligible for Head Start. In Washington, D.C., the PCC's budget would only allow for services to approximately one hundred (100) more children. This is not a considerable increase when looking at the unserved Head Start population. However, PCC's prepare these children for eventual enrollment in Head Start Centers.

For the PCC clientele, phasing out the programs would cause increased family disruptions because of the general economic recession and drastic cuts in public services. When AFDC, medical benefits, supplemental benefits, food stamps and other domestic services are being cut, it is not easy to approach or explore other ways to implement PCC programs. The family focus, comprehensive support services and resource networking that have made PCC's so successful are essential to the community and must be maintained.

WASHINGTON, D.C. PARENT CHILD CENTER
2124 - 14th Street, N.W.
Washington, D.C., 20009

Review of ACYF Strategy Paper
"Head Start Directions for the Next
Three Years
A Washington, D.C. Perspective

The Washington, D.C. Parent Child Center is pleased to present its initial comments on the ACYF Strategy Paper. There are several Head Start programs in Washington which serve approximately 1665 children. There is only one Parent Child Center in Washington with the program capacity to serve one hundred children and families. Our analysis of the strategy paper was developed from the perspective of how could we restructure and improve the delivery of services to the population in the District of Columbia.

Nowhere in America, with exception of a few selected rural areas and urban centers, is the need for early intervention as a practical model of human development stimulation, more critical than in Washington, D.C. It is no secret that Washington, D.C. has one of the lowest quality public educational systems in the country. Even though improved leadership and a stronger back-to-basics curriculum approach has brought about some improvement in recent years, the toll on inner city youth is staggering. In 1978, almost 300 births were by women under 20 years of age and 92% of these pregnancies were out of wedlock. Washington, D.C. has the highest teenage pregnancy rate in the country, 19.38 pregnancies per 1000. The national average is 10.74 pregnancies per 1000.

These two facts taken separately as well as together justify the Parent Child Center intervention model being offered as a program to the Washington community specifically and to comparable locales nationally. While our parent client groups get younger and younger, and the general public support as well as private employment (D.C. youth unemployment close to 50%) opportunities for these parents diminish, we find too many single parent families who lack guidance and support for appropriate child development. We recognize that there are strengths within single parent families which nurture healthy development. However, our experience has shown that when times get hard it is usually those who are weak or who are unable to do for themselves who completely suffer the most. Early intervention to focal parents and to children age 0 to 3 is critical for they are most helpless. PCC's have helped in preventing infant deaths and reduced second pregnancies and helped in identifying and correcting early health and developmental problems. In fact they have accomplished and are continuing to accomplish their goal - to give a head start to those in need.

The strategy paper on Page (9) states "while PCC's provide worthwhile and beneficial services to these children and families, they are not directed toward serving Head Start's primary target population, viz., pre-school children aged 3 - 5." The paper states further, "As part of our general objective to provide as many enrollment opportunities for low income children in the 3 - 5 year age range as possible, we are planning to convert PCC's to regular Head Start programs during FY 1983." To expand slots for the 3 - 5 year olds by eliminating the 0 - 3 years of age slots is not an acceptable or perhaps well thought out strategy for increasing Head Start slots in the 3 - 5 age range. This conclusion may be drawn from data compiled nationally but does not apply to the needs of Washington, D.C. In Washington, D.C. the PCC's budget would only allow for services to approximately one hundred (100) more children. This is not a considerable increase when looking at the unserved Head Start population.

There has been a steady decline of elementary school enrollment in Washington, D.C. In 1979 there were 7688 elementary school enrollees. In 1980, there were 7310 enrollees. In fact many schools are being closed. If there were 7688 elementary school eligible children in 1979 and approximately 6520 children eligible for Head Start, there is a 100 plus difference in the two populations. It is not inconceivable that the groups will grow closer together. As the "Report to Congress" by the Comptroller General, indicate (July, 1981), the District of Columbia Head Start serves approximately 25% of the eligible populations. It is our contention that Head Start should be expanded to increase the service to over 50% to 75% of the eligible population. We feel that PCC's should be continued as a program option for the 0 - 3 year olds of a specific population. The amount of funds and supportive services to achieve this goal could come in part by reducing the administrative cost in the District of Columbia's Head Start Program, examining scheduling, program duration and length options, and using the federal leveraging ability to encourage local governments to contribute more directly. We suggest that ACYF examine the range of possible match relationships Head Start Programs can have with local educational and government programs. It is idealistic to think that the PCC model will be a high priority on the list of local priorities without an incentive attached. As a specifically focused targeted option PCC's are extremely important.

We also recommend that the eight month program length should be pilot tested prior to being implemented in Washington. The apparent benefits of this strategy may not be greater than its draw backs. For our clientele, 4 month program reductions would cause increased family disruptions because of the general economic recession and serious cuts in our client public services in the city. If this option was being proposed at a time when AFDC, medical benefits, supplemental benefits, foodstamps and other domestic services were not being cut, it would be easier to approach exploring ways to implement this or a variation less cynical. In plain old terms, the resulting effect could be more damaging. We do not suggest that children need to be in an educational program all year. However, the other program services provided by PCC's are essential to maintain.

Please find on Pages (4) and (5) the charted out areas of agreement, disagreement or need for clarity of the areas presented:

ITEM	AGREE	DISAGREE	NEED FOR CLARITY	COMMENTS
1) Redirection of discretionary resources.	X			Head Start programs should be funded directly and not channeled through grantee agencies.
2) Completion of the phase-out summer programs.		X		Not supportable because of cuts in social programs.
3) Convorsion of Parent and Child Centers (PCC's) to regular Head Start Programs.		X		PCC's intervene in the earliest stage of a child's development which help in the prevention or elimination of deficits before they become entrenched. The costs spent in quality intervention at this age prevents a greater financial outlay in later life.
4) Limiting the duration of program operations.			X	Without testing the effects of a eight month program on Head Start, the pros and cons can not be substantially discuss.
5) Limiting per-child costs in "High Cost Grantees."			X	We agree that by increasing the utilization of community resources cost per child would be cut. However, at this time it would be very difficult to reduce the per child cost in most geographic areas with the reduction in social service programs and services. Perhaps a regional average for cost per child could be used as a ceiling.

ITEM	AGREE	DISAGREE	NEED FOR CLARITY	COMMENTS
1) Consolidation of Small Grantees.		X		Programs should receive funds directly, eliminating the high indirect cost thus allowing more funds for the expansion of the program to children who are not served.
2) Development of staffing and guidelines.			X	The Federal and local government with Head Start program representatives need to work on these changes. Federal and local governments should not differ on the child/staff ratio.
3) Develop and transfer cost Analysis technology.	X			The use of tools and techniques for making a better analysis of cost would be a positive help for programs. However, they should be tools and techniques that are developed for use by Head Start operations, not just a general program tool. Federally funded programs need to practice this policy.
4) Re-emphasize existing policy on Head Start resources as the " "Dollar of last resort".			X	Many volunteers have had to join the work force due to the increase cost of living. Many programs who once donated services must now request a small fee because of funding cuts or lack of substantial donations or increase cost of supplies.
5) Increase volunteer efforts.	X			

1) Review and Streamline Regulations and Requirements:

In an effort to reduce regulatory burden the following recommendations are made:

a) Reduce the frequency of conducting community needs assessment to every three (3) or four (4) years. Communities do not change that rapidly and city plans are drafted on a ten (10) year basis. The Washington, D.C. Parent Child Center ties into the citys' planning process.

b) Those areas in the component plans that are repitious should be eliminated at-least from one of the plans. ie - Ethnic Pride referred to on page 7 and again on page 9 of the Performance Standards.

c) Inclusion of clarity and uniformity guidelines for Career Development in the Performance Standards.

d) Eliminate the requirement to retake height weight of children when it is conducted at the time of physical.

e) Page 44 of Performance Standard to correspond with the CCFP requirement and chart for meal requirements.

f) Eliminate cost to programs in providing every child a menu each month. At the Washington, D.C. Parent Child Center they are posted in each classroom and reviewed with parents prefer recipe and basic nutrition information.

2) Compliance Monitoring and Program Assessment:

PCC will continue to use the SAVI in its monitoring of Program Performance. ACYF should conduct a full scale on-site compliance review on a yearly basis but programs to review should be selected on a random basis.

3) Streamline and Integrate Reporting Systems:

4) More staff time could be given to program functioning:

5) Improve Community with the Head Start Community:

In order to continue having a successful Head Start Program, Head Start Program staff should be involved in the drafting of changes and revisions.

Washington, D.C. Parent Child Center, Inc.

2120-24 FOURTEENTH STREET, NORTHWEST
DISTRICT OF COLUMBIA 20009
(202) 462-3375

Helen C. Butler, Chairperson • Sygrid Y. Caudle, Executive Director

January 27, 1982

Dear Sir/Madam:

To give you a better knowledge of the Washington D.C. Parent Child Center, I have enclosed the following documents for your review:

A. Overview of the Washington D.C. Parent Child Center;

B. Review of ACYF Strategy Paper "Head Start Directions For The Next Three Years;"

C. Report to the Congress "Early Childhood and Family Development Programs Improve the Quality of Life for low Income Families" Page 88 gives a description of the Washington D.C. Parent Child Center.

For further inquires and additional information please contact me on 462-3375.

Sincerely,

Sygrid Y. Caudle
Executive Director

Funded By HEW/UPO • Head Start • United Way • Department of Human Resources

OVERVIEW OF PCC

The Washington, D.C. Parent Child Center (PCC) was begun in 1968 as one of 36 Parent Child Centers funded by the Office of Economic Opportunity as a part of the Head Start program. As a non-profit community based organization, PCC has expanded its services to include the Head Start Home Base program, programs for high school equivalency and parenting skills training for parents, day care and child development services for children from infancy to school age, and coordination of health care, nutrition, and other human services. Through all of the services, PCC now provides services to approximately 2,500 individuals.

PCC is financially supported, with funds coming from the Department of Health and Human Resources, United Way, the D.C. Department of Labor, generous in-kind contributions, Office of the D.C. Public Schools, local clubs, and individuals.

The Center is presently located at 2124 - 14th Street, N.W. and 2002 - 14th Street, N.W. with one other location at Cardozo Senior High School.

A primary goal of the staff and the Board of Directors at PCC is to combat and defeat the fragmentation of services to young children and their families. By utilizing to capacity all of our existing resources, both material and human, we are very slowly beginning to realize the attainment of that goal. Through the realization of this goal, PCC has been able to significantly influence the life opportunities and capabilities of those we serve.

Here, at the Washington, D.C. Parent Child Center, Inc., we see parents become independent of public assistance; able and willing to discuss child abuse and neglect openly; and develop positive techniques in teaching and disciplining their children. We see not only how parents, some of them for the very first time in their lives, have improved their own self-image and esteem, but also how tremendously well they progress with regard to language, math, and reading skills. We see evidence of an improved quality of life for our parents...and they see it too. We see, on a daily basis, the provision of comprehensive services to handicapped children inclusive of diagnostic, treatment, and follow-up services. We see the benefits received by our parents through the provision of support services in the area of health, social services and family counseling.

Currently, the Washington, D.C. Parent Child Center, Inc. is able to offer the following programs on a daily basis to our participants.

HOME-BASE:

The Home-Base Program requires that trained Family Education Assistants go into the homes and work with parents.

on an on-going basis, providing infant stimulation skills. Parents and their children are seen in the home by the Family Education Assistants at least once per week. During the home visit, parents observe the techniques demonstrated by the FEA and utilize these same techniques during the visit and later for follow-up when the FEA is not present. Each family is invited to bring their child in the center for group activities supervised by their Family Education Assistant. Parents also participate in center based activities and workshops scheduled throughout the month. These workshops provide parents with additional information on parenting skills, child development, health, nutrition, social services and career development.

PARENT EDUCATION PROGRAM (PEP):

The foremost purpose of the Parent Education Program (PEP) is to provide proper motivation and encouragement to parents through increasing their confidence in themselves as individuals and as parents, as well as to provide basic academic and job training experiences. The program provides guidelines for the parents which help them become more acutely aware of their responsibilities to their city, their community and their children.

The Parent Education Program was designed to develop each parent's self-esteem and appreciation of themselves; provide G.E.D. training (General Education Diploma) in reading, language and mathematics; assist in the development of basic practical knowledge and understanding of health, nutrition, consumer education, and how to prepare for future employment. Parents also receive hands-on experience at PCC as child care aides, receptionists, kitchen assistants and bookkeeping and clerical skills. The Parent Education Program at PCC has charged itself with providing child care and development programs for the children of the PEP parents while they are receiving their training.

The program is designed to address the needs of twenty (20) parents and their children. The parents, for the most part, range in age from 18 years to 25 years of age.

PARENT EDUCATION NURSERY PROGRAM:

The PEP Nursery serves the children of the parents who are actively involved in the Parent Education Program at PCC. The Nursery is set up to house twenty-five children, five days per week from 9:00AM until 2:30PM. It has colorful learning centers of interest to encourage the children to learn by doing and to learn through play. Within this classroom may be found a housekeeping center that the children utilize to dress up in and imitate adults; a science center where objects such as rocks, leaves, and an aquarium and other objects are used to stimulate

young minds; a block corner that the children use to build, tear down, create, and discover, a wood-work center, music area, sand area, library and a manipulation center where children are given the opportunity to "put together and "take apart". Parents of children in PEP Nursery are required to participate in the classroom hands-on child development activities.

INFANT EDUCATION CENTER:

The Infant Center program is designed for children from 6 weeks to three years of age. It is in operation five days per week, from 7:00AM until 6:00PM and is designed for 30 children housed in three classrooms. The program was originally designed to help parents become upwardly mobile by giving them an opportunity to improve their economic status. Quality care is given to the children while their parents are at work, in a job training program, or in school completing their high school education or learning a vocational skill.

The curriculum presently being used with the children is geared toward the individual needs of each child participating in this program. The Portage Guide to Early Education is being used in addition to other sources.

There are five areas of concentration relative to children's behavior that are closely monitored in this program. They are cognition, self-help, motor, language, and socialization.

Approximately 10% of the children enrolled in the Infant Center have handicapping conditions which range from severe to minimum. Teachers and Teacher's Assistants carry out the Individualized Education Plan (IEP) developed for the handicapped child. Thanks to cooperation agreements with handicap resource agencies, like D.C. Society for Crippled Children, PCC is able to provide day care services to severely and multi-handicapped children.

NURSERY:

The Nursery Program has a staff/child ratio of one to eight. It serves children from 3 to 4 years of age and is currently designed to serve 30 children. This program was essentially designed to equip low-income children with skills needed to succeed. Its primary purpose is to develop the whole child.

In order that this purpose becomes a reality, the staff concentrates on developing: 1) a positive self-concept with the child, 2) independence in making choices and decisions, 3) socialization and interaction skills and 4) concept formation ability.

In the Nursery design, there is a combined curriculum model to develop age-appropriate skills for the children. Concentrated attention is given to the development of social skills, physical development, health, safety, language and art. Planning is done weekly and enrichment field trips are taken to interesting and educational places throughout the program year.

PRE-KINDERGARTEN EDUCATION PROGRAM:

Once the children leave the Pre-Kindergarten Program, they automatically enter Kindergarten though in many instances they are performing above first grade levels. The success of the Pre-Kindergarten Program can be defined based on the children's success in grade school. A longitudinal study that was conducted a few years ago indicated that PCC children who participated in the DISTAR (Direct Instruction for Language, Arithmetic, Reading) Program performed well above grade level when compared to their peers in the first grade.

The staff was quick to recognize that in order to develop a child's interest and cognitive skills, provision of a curriculum which exposed them to a wide variety of subjects was mandatory. PCC children in the Pre-Kindergarten Program become accomplished in alphabet skills, language arts, social dramatic activities, and creative activities.

There are 30 children in the PCC Pre-Kindergarten Program, Ranging in Age from 4 to 5 years. They are in structured classes five days per week.

SOCIAL SERVICES COMPONENT:

The Social Service Component of the Washington, D.C. Parent Child Center, Inc. provides supportive and preventive services to the families enrolled in PCC programs. Services are rendered to help families with financial, personnel, interfamily, housing, and social problems. The staff consists of the Social Service Coordinator Assistant, and social work college students who serve on a volunteer basis.

Our Social Services Component has two primary purposes: to preserve and strengthen the family unit through direct services and referrals to community and local service agencies and to generate a positive change in the family through education and skills development in meeting day-to-day problems in living. Problem with housing, eligibility for public assistance and related services, unemployment and crisis situations are some of the areas in which the Social Service Component has intervened and successfully resolved.

Records are kept on each referral made by the Social Services Component in the appropriate family file and documentation of all phone contacts, correspondence, home visits and office visits is kept.

5-358 O—82——28

HEALTH:

It is a truism that poor health is not only a medical problem, but a social and economic problem as well. At PCC our primary objective is to ensure that each child and his or her parent(s) are healthy to the maximum extent possible. This objective is to accomplished through the Health Coordinator's efforts to obtain adequate health care for them. Our efforts are geared toward improving the health of members of our community and preventing health problems via improved nutritional education, health education, consistent prenatal care, good dental care, regular screening, etc., of our parents and children.

Numerous agencies in and around the Washington, D.C. area provide PCC families with direct health services, including:

Howard University Hospital
Howard University Hospital Dept. of Pediatrics
Family Life and Child Development Center
The Children's Hospital Comprehensive Health Clinic
Shaw Community Health Center
D.C. Society for Crippled Children
Childrens' Hearing and Speech Society
Upper Cardozo Neighborhood Health Center
District of Columbia General Hospital

Also, in conjunction with Howard University Hospital, PCC has developed a Health Needs Assessment to determine the major health needs within the total PCC community.. This Health Needs Assessment will assist us to prioritize needs and determine the amount of resources and energies to be recruited and used in health education, preventive health and mental health needs.

NUTRITION:

Previous surveys and inquiries into the nutritional problems experienced by the residents of the PCC community are found to be directly related to inadequate income, transportation problems, food purchasing habits, neighborhood stores vs. the absence of large chain stores, management and budgeting habits, the ineffective use of food programs (i.e., Food Stamps, Supplemental Foods, etc.)

The Washington, D.C. Parent Child Center, Inc., feels obligated to involve both the parents and children in its nutritional program through education. By involving parents in the program, they learn which foods and what amount of food are best for their children and consequently, the entire family.

Studies have indicated that poor nutrition during early childhood has an effect not only on physical growth, but on mental growth as well. The emphasis on improving nutrition is designed to improve all aspects of the child's growth and development. It is important that a child be guided and provided with varied experiences so that he/she learns good eating habits for life.

Meal time at PCC is an important event; one that the child looks forward to in his daily routine. Cycle menus are planned to include the four basic food groups. The meals are planned in such a way that the children have pleasant experiences with textures, colors, shapes, smells and tastes.

The children are served three meals per day at the Center; breakfast, lunch and one snack.

The classroom staff work closely with the nutritionist. Lesson plans are formulated to help the children understand the names of different foods, seasonal foods, utensils used in cooking, how foods look, taste and smell, how food provides energy, and how food helps us grow and keeps us healthy, among other things.

Parents and staff members are exposed to workshops that cover ways to save money on food bills, how good nutrition depends on a number of different factors; how to introduce new foods to children, the process of infant feeding, how to bring children and food together happily, etc.

In addition to the workshops, the nutritionist also schedules conferences with parents who have children with special nutritional needs. In addition, trained kitchen staff makes sure that the Center is in complete compliance with regulations relevant to food handling and food preparation.

HANDICAP SERVICES PROGRAM:

It is the primary goal of the Handicap Services Program to enroll children with varying degrees of handicapping conditions into the mainstream of the programs offered at PCC while ensuring that all individual needs are met. To achieve this goal, PCC utilizes existent community resources to provide services to enrolled handicapped children.

We have successfully expanded and strengthened our relationships with other agencies serving handicapped children. Alliances have been formed with Georgetown University Affiliated Program for Child Development as well as with Children's Hospital, Howard University Hospital Child Development Center, the D.C. Society for Crippled Children, the Public Schools of the District of Columbia, Galludet's school for Contemporary Education.

The program at PCC for handicapped children is geared toward the total child's development in the home as well as in the classroom. Handicapped children between the ages of six weeks and five years of age and who have been diagnosed by a licensed diagnostician are eligible for enrollment in all PCC programs.

CAREER DEVELOPMENT:

Career Development at the Parent Child Center applies to both staff and parents. Staff is provided with the opportunity to attend workshops at the college level that will enable them to up-date their knowledge and skills in the respective areas of concentration. Staff is also provided with classes that will assist them in a more effective and efficient means of delivering family and child services to community residents. We allow for and encourage both upward and horizontal mobility depending upon the capability and desires of the staff person. Implicated in each step of upward mobility is increased responsibilities, in-service training programs, college training programs, and increased salaries.

Horizontal mobility is a means or allowing growth and preventing stagnation, as it allows staff increased knowledge and experience in different directions and develop the ability to assume more duties and responsibilities. In-service training, education received and demonstrated, and work ability are the primary factors in determining the pace in which an individual staff member will be able to advance.

Classroom staff teacher and assistant teachers will also be provided the opportunity to pursue Child Development Associate credentials as another form of possible career enrichment.

Parent participants are mainstreamed into the career development activities at PCC by providing opportunities for employment at the Center with continued in-services training through the same channels as other staff members.

SPECIAL INITIATIVE PROJECT-WIN PROGRAM FOR TEENAGE MOTHERS:

PCC is sponroring a vocational, academic, and life skills training program for teenage mothers in the District of Columbia. The focus of the program is on enhancing the employability and academic status of the trainees, since the PCC project is sponsored by the Federal WIN (Work Incentive Program). However, the curriculum design contains an added feature to allow for personal growth and development, and the improvement of parenting skills. The transitional phase of adolescence towards young adulthood is a very difficult developmental phase, without the added responsibility of a young infant. When a teenager has a child, she is often bewildered, with nowhere to turn and is lacking the necessary informal and formal support systems to

continue progressive development. Although public assistance alleviates the burden of providing for the very basic necessities of life for the young mother and her child, it still is a very meager means of support. Frustration is evident when the mother looks at herself to find that, more often than not, she is a high school dropout, without any marketable skills or social resources needed to survive comfortably in the mainstream of today's economic and social systems. Voluntary enrollment in this program demonstrates that the participant has personal initiative and motivation and desires to change her life situation to make a better life for herself and her child. The WIN Program is designed to provide her with the opportunities to succeed in her effort to become a self-sustaining and fully-functioning adult.

The program at PCC is tailored for success because we stress and provide opportunities for training in several marketable skills, areas and stress attaining the necessary academic pre-requisites necessary for gainful employment. A sampling of our course offerings includes:

Vocational	Bookkeeping
	Office Skills
	Day Care
	Non-Traditional Occupations for Women
	Nutrition Aides
	Word Processing
	Home Nursing
Academic	GED Classes
	Demonstration Reading
	Project for Non-Readers

In addition, we have the capability to provide trainees with many supportive services and general life informatin that they need to survive and understand the surrounding world. Although the focus is on academic and vocational training, we at PCC want to impact on the total development of the young women. Our Life Skills Courses include:

- Sewing
- Nutrition
- Body Dynamics
- Family Relations
- Black History

WILLIAM BUZOGANY, M.D.
National Association of State Mental Health Program Directors
Chairman

JANE CLELAND
National Association of School Psychologists
Vice Chairman

FRANCES LANDRUM
National Mental Health Association
Secretary Treasurer

FRANK RUFFERTY, M.D.
American Psychiatric Association
Past Chairman

The National Consortium For Child Mental Health Services

1424 16th STREET, N.W., SUITE 301A
WASHINGTON, D.C. 20036
Area Code (202) 462-3754

March 22, 1982

Honorable Ike Andrews, Chairman
Subcommittee on Human Resources
U.S. House of Representatives
Room 2178 Rayburn House Office Building
Wash., D.C. 20515

Dear Congressman Andrews:

Enclosed are comments from The National Consortium For Child Mental Health Services regarding the Administration For Children, Youth, and Families proposed future strategy for the Head Start program. The Consortium would appreciate the inclusion of our written comments in the hearing record.

Should you have any questions regarding our statement, please contact Derek Penn at (202) 462-3754.

Sincerely,

William Buzogany, M.D.

William Buzogany, M.D.

Enclosure
cc: Dorcas Hardy, Ass't Secretary HHS
Clarence Hodges, ACYF Commisioner

WILLIAM M. ZOGANT M.D.
National Association of State Mental Health Program Directors
Chairman

JAMES LIKELAND
National Association of School Psychologists
Vice Chairman

FRANCES SANDIVER
National Mental Health Association
Secretary Treasurer

FRANK RAFFERTY M.D.
American Psychiatric Association
Past Chairman

The National Consortium For Child Mental Health Services

1424-16th STREET, N.W., SUITE 301A
WASHINGTON, D.C. 20036
Area Code (202) 462-3761

March 19, 1982

THE FOLLOWING MEMBER

ORGANIZATIONS OF

THE NATIONAL CONSORTIUM FOR CHILD MENTAL HEALTH SERVICES

HAVE ENDORSED THIS STATEMENT

ON THE PROPOSED FUTURE STRATEGY

OF THE HEAD START PROGRAM

American Academy of Child Psychiatry
American Association of Children's Residential Centers
American Association of Psychiatric Services for Children
American Psychiatric Association
American Psychological Association
American Society for Adolescent Psychiatry
Child Welfare League of America
Children's Defense Fund
National Association of School Psychologists
National Association of State Mental Health Program Directors
National Congress of Parents and Teachers
National Council of Community Mental Health Centers
National Mental Health Association
Society of Professors of Child Psychiatry

Presented to

Subcommittee on Human Resources
U.S. House of Representatives

&

The Administration for Children, Youth, and Families

&

Office of the Assistant Secretary for
Human Development Services
The Department of Health & Human Services

WILLIAM DUGGAN M.D.
National Association of State Mental Health Program Directors
Chairman

JAMES ELLIOTT
National Association of School Psychologists
Vice Chairman

FRANCES LANDESER
National Mental Health Association
Secretary Treasurer

FRANK RAFFERTY M.D.
American Psychiatric Association
Past Chairman

The National Consortium For Child Mental Health Services
1021 19th STREET, N.W., SUITE 301A
WASHINGTON, D.C. 20036
Area Code (202) 452-8754

March 19, 1982

The National Consortium For Child Mental Health Services is comprised of 18 professional, provider, and consumer organizations. Its goal is to act upon national child mental health issues and develop policy for improved services. The Consortium promotes the delivery of appropriate mental health services to all children in need. The provision of adequate mental health services has not been addressed in the Head Start planning for the future described in the Administration's paper entitled, "Head Start: Directions for the Next Three Years" (10/22/81).

The National Consortium For Child Mental Health Services is concerned about the deemphasis of mental health services in the Administration for Children, Youth, and Families' (ACYF) proposed plan for Head Start. The original legislative intent of Head Start, as stated in the ACYF paper, was "to foster the development and well-being of children, thus enabling them to deal more effectively with both their present environment and later responsibilities in school and community life." The ACYF strategy paper states that "In order to accomplish this goal, Head Start programs emphasize cognitive and language development, social and emotional development, physical and mental health, and parental involvement."

The Administration is now proposing to overturn the very core of the program's regulations--the Comprehensive Performance Standards--which have contributed in a critical way to Head Start's success. The

effectiveness of Head Start has in large part resulted from its Comprehensive Performance Standards, including mental health, health, social services, education, and parent involvement components. Contemplated changes in these standards are alarming and should not occur, particularly as the Head Start statute states that any revisions in the the standards shall result in standards "no less comprehensive" than those in effect on November 2, 1978.

A second concern is that the position of mental health specialist at the national level has been vacant for the last four years. This is inconsistent with the legislative intent. The current "commitment" without implementation obviously does nothing to foster the mental health program within Head Start. A mental health professional is necessary to assure implementation of a strong and effective program.

Notably scarce in the ACYF paper are references to mental health. This is particularly noteworthy since prior to the departure of the last mental health specialist from the Head Start national office, a four-year long demonstration program in mental health (the Child and Family Mental Health Project) was funded. This project developed materials and procedures to address a number of operational problems about the mental health services The one professional enhanced all operations in addition to promoting economies and efficiencies in local operations.

The Head Start demonstration project in mental health has pioneered the use of mental health services in this program designed to support child development through prevention. As determined in the project, a comprehensive mental health program can be delivered in local Head Start programs if $66.00/child is allocated yearly out of the existing budget. This is compared with the greater cost of services to young people who have emotional and behavioral problems later in their development. Yet,

the longstanding problems of acceptance of mental health services as an integral part of Head Start's comprehensive program persist.

Finally, we are concerned that despite President Reagan's promise to keep Head Start part of the "social safety net," cutbacks in other programs such as CETA, the Child Care Food Program, and the Social Services Block Grant have affected the operating ability of many Head Start programs.

The National Consortium For Child Mental Health Services recommends the following:

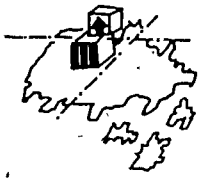
1. Preservation of the current Comprehensive Performance Standards, including the mental health component, without changes;
2. Renewal of support by ACYF for the concept that the mental health component is a strategic element of the Head Start program;
3. Funding for Head Start in FY 83 at the full authorized level of $1.007 billion;
4. The appointment of a mental health specialist at the national level to work with the Director of Health Services;
5. The provision of assistance, through grants and other mechanisms, and through the use of materials already developed for this purpose, to enable each Head Start program to provide comprehensive mental health services.

As stated in the ACYF proposal, "Head Start is a program that works." It has helped some of our most vulnerable children. This proposed deemphasis of comprehensive mental health is an egregious error on the part of the ACYF and the National Consortium For Child Mental Health Services strongly objects to this.

Sincerely,

William Buzogany, M.D.

William Buzogany, M.D.
Chairman



HEAD START PARENT POLICY COUNCIL
P. O. Box 580 • Fort Defiance, Arizona 86504

MAR 26 1982

March 17, 1982

The Honorable Ike Andrews, Chairman
Subcommittee on Human Resources
2178 Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Andrews:

Please find attached petitions concerning the proposed regulatory and "streamlining" changes for Head Start. These petitions are signed by a few of the more than 6,000 parents whose children are served by the Navajo Child Development Program, the largest Indian Head Start Program in the United States.

As a Head Start parent and chairman of our Parent Policy Council, I am deeply concerned with the proposed changes outlined in the "Head Start Strategy Paper" and I fully agree with Congresswoman Chisholm's statement that these changes are nothing more than "tinkering" with most beneficial program our children and our families have.

As you may know, budget cutbacks which the Administration has either proposed or has already implemented have had a profound impact upon the Indian people. Here on the Navajo Reservation, the unemployment rate has been projected at eighty percent for this year with the elimination of CETA and many other programs. Head Start will provide the only meals our children receive for many families. We feel that the existing regulations governing Head Start are this country's commitment to the disadvantaged child. How can you "streamline" such a commitment?

The attached petitions not only demonstrate our opposition to the proposed tinkering with Head Start, but also our heartfelt appreciation to you and the Congress of the United States for maintaining the last web of an already torn "safety net".

Respectfully,

Raphael Martin, Chairman
CENTRAL PARENT POLICY COUNCIL,
NAVAJO HEAD START

Enclosures

HEAD START

WAMY COMMUNITY ACTION, INC.

[redacted] • SPRUCE PINE, NORTH CAROLINA 28777 • 704-[redacted]
P.O. Box 338 688-2196

March 17, 1982

Honorable Ike Andrews, Chairman
Subcommittee on Human Resources
U.S. House of Representatives
Room 2178 Rayburn House Office Building
Washington, DC 20515

Dear Sir:

Thank you very much for inviting me to comment on "Head Start: Directions for the Next Three Years." ACYF is to be commended for its report's honest appraisal of the benefits afforded our nation's underprivileged children through Head Start.

One aspect of Head Start should receive further emphasis--that is the services rendered to handicapped children. Head Start has a policy of mainstreaming handicapped children. Early intervention through direct services (therapy, medical treatment, counseling, etc.) is critical to these children, and it can be argued that early intervention saves enormous amounts of federal funds over the years. Probably just as important to these handicapped children is the change in attitudes that accompany the mainstreamed child. The child learns to cope with his own handicap, parents begin to plan for the child's future, teachers learn that each child is an individual, peers learn to respect differences, and all grow to accept the child as a whole person. Mainstreaming is a concept that Head Start adopted long before PL 94-142, and its success is one of Head Start's strongest assets. I am hopeful that services to the handicapped will continue to be a focus of Head Start through the next three years.

AN EQUAL OPPORTUNITY EMPLOYER

I would also like to comment on "Objective 3: Improve and Streamline the Delivery of Training and Technical Assistance." A network of state-wide providers makes sense only if two conditions are met. The training and technical assistance provider should maintain regular interaction with state level agencies, and the provider should be responsive to the needs of local Head Start programs. In order to interact with state level agencies (Department of Social Services, EPSDT, Health Department, Department of Public Instruction, Developmental Evaluation, Mental Health, etc.) the T & TA provider should be located within commuting distance of the state capitol. An interagency task force should be formed of representatives of these agencies to foster collaboration. In order to be responsive to local program needs, the state T & TA provider should utilize the existing network of cluster coordinators. These specially funded coordinators are already in place; they are knowledgeable of Head Start regulations, and they are familiar with local program needs. These cluster coordinators could help to bring about a very easy transition to a streamlined system of training and technical assistance delivery.

Thank you for including these comments. May we all work to keep Head Start meaningful to the children and families we serve.

Sincerely,

William A. Weeks

MAR 17 1982

To Whom it May Concern:

Dear Honorable Andrews I would like to express my opposition to the closing of our PCC. or parent child Center. to me this Center was introduce to me when I had my first baby I was inexpuince as a Mother but have family in this state but being told of PCC it meant a start in life for me & my baby it gave me hope where I was able to be on the scene with my baby Were we learn together she was motivated in class room setting I had material workshop + lecture about child care that has help me ~~to this area Mother point~~ so please Don't close our PCC it most beneficial ~~to~~ all of us in all walk of life it has helped all people

Please Thank You
Mrs Lillian Harrison
13 Stafford St
Roxbury Mass 02119

Subcommittee of Human Resources
2178 Rayburn HOB
Washington, D. C. 20515

Parents of
Ganado Preschool
Ganado, Arizona 86505

Subject: Legislative Alert

Date: March 19, 1982

Dear Sir:

We the parents of Ganado Preschool and as concerned citizens oppose any more cuts from the U.S.D.A. Child Care Food Program. We feel Congress should not ignor the disadvantaged children.

We also oppose any proposed de-regulation of Head Start Regulation and Performance Standards. We do not wish to be on Block Grant.

We furhter oppose any cuts from the Indian Health Services. We need those nurses in our communities.

Please, deeply consider our request.

Respectfully,

Wesley W. Atakai
President
Parent Advisory Committee
For and on behalf of the parents

RESOLUTION OF GANADO PRESCHOOL

Opposing further congressional cuts from USDA Child Care Food Program, opposing Block Grant and cuts from Indian Health Services.

WHEREAS:

1. The Agency Parent Advisory Committee at its regular monthly meeting at Wide Ruins, Arizona discussed financial difficulties Head Start Programs now experiences.

2. The parents and teachers having been informed of proposed cuts from USDA Child Care Food Program, proposed Block Grant and cuts on Indian Health Services

NOW THEREFORE BE IT RESOLVED:

A. The Ganado Preschool opposes further cuts from USDA Child Care Food Program.

B. The Ganado Preschool opposes proposed de-regulation of Head Start Regulation and Performance Standards. We do not wish to be on Block Grant

C. The Ganado Preschool opposes any cuts from Indian Health Services.

We certify that the parents supports this request this 11 day of March, 1982.
Passed by a vote of __ in favor of and __ opposing.

Wesley W. Atakai
PAC President

Alice Dennison
Teacher



NAVAJO CHILD DEVELOPMENT PROGRAM
DRAWER 260
FORT DEFIANCE, ARIZONA 86504
(602) 729-5220, 5250, 5286

March 19, 1982

The Honorable Ike Andrews, Chairman
Subcommittee on Human Resources
2178 Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Andrews:

I have recently been made aware of testimony to your subcommittee hearings made by ACYF Commissioner, Clarence Houghes, in which he reportedly claimed support of Head Start Directors for proposed changes in existing Head Start regulations. As Director of the Head Start Program of the Navajo Tribe, I have never been contacted by anyone concerning these changes. The over 350 staff and over 6000 students' parents of our program (as represented by the various Local, Agency and Central Parent Policy Councils) are united in opposition to the current administration's efforts to consolidate in any way Head Start funding through a block granting process. We are also opposed to proposed ACYF changes in Head Start regulations. While being marketed by Mr. Houghes as "streamlining" we recognize these proposals as effort to make funding cuts and to destabilize programs through reductions in regulations and performance standards.

Mr. Houghes should take the opportunity to visit our Navajoland and see first hand just what one of his program, Navajo Head Start has done and is doing for the isolated, unacculturated, non-English speaking, impoverished, Navajo children, their parents and their communities. May I also extend this invitation to you, Honorable Senator Andrews, we would be most hono. to receive you here.

While our needs are great, such a small amount of money as we operate on, does so very much for tomorrow's Navajo adults when they most need opportunities to gain the basics of health, happiness, and success. Head Start does work here and, it is in the best interests of not only the Navajo people but also of all Americans to continue to provide these children the chance so many other children have to really make it in life.

I thank you for your time and again we invite you to come be with us.

If, we can of any help please call us at (602) 729-5360.

Ya-át-ééh

Ronald W. Berg, Acting Head Start Director
DIVISION OF NAVAJO CHILD DEVELOPMENT
PROGRAM

ERIC



NAVAJO CHILD DEVELOPMENT PROGRAM
Drawer 200
Fort Defiance, Arizona 86504
(602) 729-5220, 5260, 5266

March 19, 1982

Sub-Committee of Human Recources
2178 Rayburn H.O.B.
Washington, D.C. 20515

Dear Sir,

This letter is being written on behalf of the Fort Defiance Agency Child Development Program now serving twenty-two (22) communities in the southern part of the Navajo Indian Reservation. The program by overwhelming percentage is serving children from the most disadvantaged homes, and the communities itself are in need of economic and social development.

The parents, from various communities has stated their concern and is strongly in opposition of the de-regulation of Head Start Policies and is in full support of all efforts for restoration of funds for the following service providers; Indian Health Services, USDA/CCFP and Bureau of the Census. These programs are essential to all Navajo communities in providing adequate Health and Human Services. Any program now in existance heavily rely on other program to integrate services for the beneficial and well-being of our children, youth and families.

Your attention to this letter will be appreciated, communities within our agency would continue to support the present program policies and would look forward to the NHSA committee with a favorable results.

Sincerely yours,

MacArthur L. Stant

MacArthur L. Stant, Chairman
Agency Parent Policy Council

MLS/wby



NAVAJO CHILD DEVELOPMENT PROGRAM
DRAWER 260
FORT DEFIANCE, ARIZONA 86504
(602) 729-5220, 5250, 5286

March 22, 1982

The Honorable Ike Andrews, Chairman
Subcommittee on Human Resources
2178 Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Andrews:

On behalf of Navajo Child Development Program, Chinle Agency Head Start Program and parents, serving 700 children. It is through this program that we share the aspirations of providing the best possible program for children and families in accordance with the laws of congress and the administrative regulation that have been established over 17 years and more, regulation that have been carefully natured through cooperative planning with regulatory agencies, parents and staff.

Now, we are hearing all of that might changed. Changes of this nature would only jeopardize what has envolved over the years to have a much better program. It is for these reasons and much more that have determine us to be one-hundred percent against any de-regulation, any changes or streamlining of Head Start regulations, funding and audits.

We thank you for listening to us and to consider our plead not to make changes.

Sincerely,

David Kedelty, Agency Director
Chinle Head Start



NAVAJO CHILD DEVELOPMENT PROGRAM
DRAWER 260
FORT DEFIANCE, ARIZONA 86504
(602) 729-5220, 5250, 5298

March 22, 1982

The Honorable Ike Andrews, Chairman
Subcommittee on Human Resources
2178 Kayburn House Office Building
Washington, D.C. 20515

Dear Congressman Andrews:

I am writing this letter with great concerns for the Indian Head Start Programs, particularly the Western Navajo Agency of Navajo Child Development Program, which I am a director of. My main issue of concern is the proposal to block grant Indian Head Start programs through ANA with programs like the Foster Grandparent Program. If this should come about, there would be a substantial decrease in Head Start funding, thus hurting direct services being currently provided to disadvantaged children, families and communities.

Block granting could also mean deregulation of Head Start Performance Standards and Guidelines, thus, decreasing the chances for survival of small Head Start programs.

Therefore, I strongly oppose the issue of block granting Head Start funds and I am soliciting your support in the continuation of the current grant application process through Indian and Migrant Programs Division.

I would very much appreciate your concern and support on this issue on behalf of the children served through my agency.

Respectfully,

Leo Manheimer, Agency Director
Navajo Child Development Program
WESTERN NAVAJO AGENCY

LM/eb

HACAP
A HELP UP, NOT A HAND OUT
105 8th Ave. S.E.
Cedar Rapids, Iowa 52401
(319) 366-7631

MAR 25 1982

March 22, 1982

HOUSE SUB-COMMITTEE ON HUMAN RESOURCES
Hon. Ike Andrews, Chairman
2178 Rayburn House Building
Washington, D.C. 20515

Dear Honorable Ike Andrews:

Region VII has been fortunate in having the opportunity for staff to participate in treining provided by the Homebase Training Centers located in Gering, Nebraska.

Please consider the training needs of Head Start staff in the decisions affecting the priorities for the Head Start Program.

Sincerely,

Carol Chadwick
HACAP Head Start Director

CC/dh

MAR 25 1982

208 North Durkin
Springfield, Illinois 62702
March 22, 1982

The Honorable Ike Andrews
Chairman, Subcommittee on Human Resources
U. S. House of Representatives
2178 Rayburn House Office Building
Washington, DC 20515

Dear Congressman Andrews:

Your continued support of Head Start as demonstrated in the February Oversight Hearings is appreciated by all who are touched by the Migrant Head Start Project in Illinois. As I listened to your review of the program in both statement and question, the depth of your knowledge and committment was evident.

Indian and Migrant programs nationwide thank you for the opportunity to submit testimony to the Committee. The occasion to articulate concerns and needs was most important to those who represent our most invisible poor . Head Start is to date the most significant effort which any nation has made on behalf of these children. An equally workable model has yet to be duplicated either in conception or effect.

I thank you again for your conviction that the goals of Head Start are attainable and worthy of the national investment.

Most sincerely,

Paula A. Reibsamen
Migrant Head Start Project

2105 N. 31st #32
Milw, Wis. 53212
March 23, 1982

MAR [redacted]

Dear Representative Ike Andrews,

I am concerned that ACYF does not hold a high regard for Home-Based programs operated in numerous local communities. Evidence of lack of support by ACYF can be found in its plans to end Home-Based Training Centers throughout the country by Oct. 15, 1982. Let me assert my strong and unending support for Home-Based as a viable option for Head Start.

Let me urge your support of continued funding of Home-Based Training Centers beyond Oct. 15, 1982.

Thanking you in advance for your support.

Sincerely
Geraldine Dixon
Parent

3/24/82.

Dear Representative Andrews. APR 01 1982

We understand that ACYF is thinking of taking out the 'home-based part of our Head Start program. We certainly hope that this does not happen.

Our son is part of the program this year. He thoroughly enjoys having the instructor come to our home. During the time that she is here, he gets all of her attention. She gives him help in the areas where he needs it most. If he has trouble, his instructor and I will spend more time in that area. On the other hand, if he picks up on something right away we can go on to something new. If he were in a group all of the time, he wouldn't be able to go at his own pace and he certainly wouldn't have enjoyed the instructor as much. He feels more important to her as an individual student and not just

a small part of a group. He really strives to please her each time she comes.

As parents we ask you to support the home-based phase of the Head Start program because it really involves us as parents so much more than if we just put him on the bus and let all his learning in the hands of the instructor. We just wouldn't be a very important part in his school learning.

When the instructor comes to the home she gives our son his lesson and we can work with him for the rest of the week.

Also, we can talk over his problems with the instructor, and work on areas that we feel we would like our son to work on. If the instructor didn't come to the home, we wouldn't be able to do this.

If ACYF took away home-based we would miss out on a lot of

our childs learning. I just wouldn't have even put as much of an effort into his learning if he was always sent to a classroom.

We have two children younger than our four-year-old and we hope that we can count on Head Start having the home-based program for them too.

Thank you for your time and for listening to our views. We are asking you to please support the home-based continuation without interruption.

Sincerely,
Jim & Joan Joens
Box 113
Wilmont, Mn
56185



NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE, INC.

EVELYN K. MOORE
Executive Director
BOARD OF DIRECTORS
DARWIN DAVIS
President
Stamford, CT
CLARICE WALKER
First Vice President
Silver Spring, MD
LORRAINE EWING
Second Vice President
Montclair, NJ
WHITNEY WALKER
Sec. - Treas.
Washington, DC
WILLIAM BROWN
Philadelphia, PA
JAN DOUGLASS
Atlanta, GA
YETTA GALIBER
Washington, DC
CYNTHIA HAMMES
Bridgeport, CT
DEE HOLDER
New York, NY
BETTYE HURD
Sacramento, CA
DONALD LAYDEN
Greenwich, CT
WILLIAM MARTIN
Greensboro, NC
ROBERT MEADOWS
Greensboro, NC
ERNEST SMITH
Los Angeles, CA
BUNNY WILBURN
Seattle, WA
JUDY WILLIAMS
Silver Spring, MD
GERALDINE WILSON
New York, NY

March 24, 1982

The Honorable Ike Andrews
Chairman
Subcommittee on Human Resources
2178 Rayburn House Office Building
Washington, D. C. 20515

Dear Mr. Andrews,

Enclosed is the National Black Child Development Institute's written statement on the Administration's proposed changes for the Head Start program. This statement was prepared to be inserted into the record of the Subcommittee on Human Resource's hearing held on February 23, 1982.

We are very pleased to have this opportunity to submit our response to the Administration's proposals. If you need any additional information, please feel free to call me at (202) 387-1281.

Sincerely yours,

Evelyn K. Moore

Evelyn K. Moore

EKM/ald

Enclosure

1463 RHODE ISLAND AVENUE, N.W., WASHINGTON, D.C. 20005 (202) 387-1281

Statement on the

Administration's Proposed Changes in Head Start

to the

Subcommittee on Human Resources,
House Education and Labor Committee

March 24, 1982

Prepared by: National Black Child Development Institute
1463 Rhode Island Avenue, N.W.
Washington, D.C. 20005
(202) 387-1281

Evelyn K. Moore
Executive Director

My name is Evelyn K. Moore and I am the Executive Director of the National Black Child Development Institute (NBCDI). As a non-profit membership organization, NBCDI is dedicated toward improving the lives of Black children and their families through public policy advocacy. Presently, the Institute has an organized network of twenty-nine affiliates composed of volunteer community advocates who, in addition to monitoring public policy, provide services at the grass roots level. Through our affiliates and membership, NBCDI affects over two million Black children yearly.

I am pleased to share with the Subcommittee on Human Resources the Institute's responses to the Administration for Children, Youth and Families' (ACYF) proposals for Head Start, as outlined in its draft strategy paper, "Head Start - Directions for the Next Three Years". In its advocacy for Black children and their families, the Institute has been particularly supportive of programs and policies which have a positive impact on Black children at early developmental stages. Head Start is such a program. In addition, Head Start continues to be a bulwark for the Black community. It is especially beneficial to those low-income Black families working toward self-sufficiency and their children. As a result, NBCDI has a mandate to call for the maintenance of those aspects of the program which have proven to be beneficial. A review of Head Start must be based on a commitment to oppose the adoption of any modifications which would undermine its positive program elements. We appreciate this opportunity to call your attention to the recommendations outlined in ACYFs' draft strategy paper which have that potential.

ACYFs' recommendations appear to be based on the premises that

1. Head Start can rely on other institutions or agencies for support.
2. The proven quality of Head Start can be maintained without additional dollars.

We fear that by openly stating that Head Start can withstand a loss in real funds during 1982, ACYF may give ammunition to those who support the Administration's proposal that Head Start not receive an increase for FY 1983. None of the measures suggested in the strategy paper compensate for the loss of actual dollars; ACYF should not assume that its economizing will not damage the program in any appreciable way. We, therefore, have urged ACYF to avoid any statement which indicates that decreased funding will not hurt the Head Start program.

The reality is that without additional dollars, necessary expansion is impossible and quality control is questionable. Added to the delay of an increase in funding until 1983 are the cuts in AFDC, Title XX, CETA and USDA funding -- all of which contribute to the child care "package" used by many Head Start families.

NBCDI has recommended that ACYF undertake and publish a state-by-state study to determine the actual cuts in programs which provide dollars for child care in order to assess the reality of such services being available as traditional Head Start resources are redirected.

OBJECTIVE: Expand/Maintain Enrollment

1. ACYF has proposed to phase out summer Head Start programs, convert Parent and Child Centers into regular Head Start programs, and redirect discretionary resources for expanding Head Start enrollment. While we agree that any dollars saved through these measures should go towards an expansion of enrollment, ACYF appears to be wholeheartedly endorsing these moves, a position we strongly question.

The paper does not make note of any careful analysis of the framework within which these proposals are made. Obviously those communities which have Summer Programs, Parent and Child Centers, or full day programs have assessed their needs

and are trying to meet them. The Office of Human Development has designated ACYF as the advocate for families. It is contradictory to its mission that ACYF play the role of the "hatchet man" in projecting the direction Head Start should take. Forty percent of single Black women are heads of households, and the number is increasing. In many instances, these programs are their lifeblood. ACYF must not make a blanket announcement that programs which provide services for infants or which offer a summer experience, otherwise unavailable, are fluff. It is against the public interest and contrary to its purpose that ACYF should take such a stand. Those communities which have recognized a need for these programs must be allowed to provide them with continued federal assistance.

ACYF must take its role as child and family advocate seriously. The children served by Head Start are among the most vulnerable and least able to protect themselves. Long term gains should not be compromised by using short term cost-effective strategies. Program operations should have priority when choices have to be made. It is not clear that ACYF has considered what actually is more cost-effective. How much does it cost to maintain people in institutions? Would an informed taxpayer prefer these costs over those associated with reducing the likelihood of institutional care? It is the obligation of ACYF to present analyses of these alternatives so that taxpayers can make informed choices.

2. ACYF has also recommended that per-child cost in "high cost" programs be reduced, either through the establishment of an absolute ceiling or through negotiation of individual cases. NBCDI is concerned that the paper does not give adequate consideration to the vast differences among geographical regions within the country, or between rural and urban needs. Head Start programs in New York and Mississippi obviously will not have the same costs. ACYF has not given Head Start programs an opportunity to negotiate all relevant cost factors in order to arrive at a design for meeting the unique needs of diverse communities. Any plan to control costs must be done after a case-by-case analysis

since variables change within and among states. We favor the second plan which would give grantees and/or delegate agencies an opportunity to justify costs or receive advice and assistance in reducing their expenses. The first option, which would establish a ceiling on the Head Start-funded cost-per-child, is unacceptable.

3. In an effort to reduce personnel costs, ACYF has proposed to prepare staffing "guidelines", which would be used as "benchmarks" for individual programs. NBCDI believes that reducing personnel costs by developing staffing guidelines in an effort to reduce Head Start staff may negatively impact program quality. While the number of staff and their hours of work are a function of personnel costs, they also contribute toward the documented success of Head Start and the gains children and their families have made. However, we strongly recommend that both existing Head Start programs that provide quality services and research, such as the National Day Care Study, be utilized in formulating these guidelines. They should not only address the number of staff and person hours for programs of varying sizes and geographic locations, but also classroom size and child/ staff ratio.

4. ACYF's initiative to conduct a comprehensive cost-analysis of Head Start should continue. Considering the variables in a geographically diverse program like Head Start, it is critical that any cost-analysis be thorough, representative and accurate. The "Analyzing Costs in Human Services Programs" project in OHDS has proven extremely successful in analyzing day care costs and in training providers in useful budgetary skills. We are pleased that ACYF intends to apply this important technology to Head Start.

5. We are deeply concerned that when ACYF discusses increasing the utilization of non-Head Start resources it implies that those sources can fully compensate for the loss of Head Start funds. While some Head Start staffs are more skilled at utilizing non-Head Start resources than others, Title XX, Department of Education, USDA and AFDC have all been affected by budget cuts. Head Start families

will be competing for fewer services with less dollars to fund them. Many families will find it impossible to purchase these services from the higher priced private sector.

ACYF stated in the draft strategy paper that program quality will remain constant because the gap in funding can be filled by other programs. With the FY 1982 and proposed FY 1983 budget cuts, it is obvious that "other resources" will not remain constant. There is no discussion in this paper which demonstrates that political realities allow these conclusions. Without an increase in the Head Start budget, it is highly unlikely that current enrollment levels will be maintained. For example, in Kansas City, Missouri where the Head Start services are carefully coordinated and systemically supplemented with other community resources, several centers have had to close and funds diverted to maintain the high quality and current enrollment level of those remaining. These were hard choices made at the local level.

6. ACYF places strong emphasis on increasing volunteer efforts as a method of supplementing Head Start resources. Unfortunately, however, the voluntary sector will not be able to fill the gap caused by budget reductions. This issue must be a factor considered in any plans for Head Start. As unemployment levels climb and inflation rises, it becomes less and less likely that volunteers are a viable pool for supplementing Head Start staff. Economic circumstances will require that volunteers become gainfully employed. The very groups mentioned, senior citizens and students, are those severely affected by budget cuts in social services, job training programs, and financial assistance for education. ACYF must undertake more analysis in this area to determine the reality of the recommendations pertaining to volunteers as a Head Start resource, and the capability of community and private resources to supplant components of Head Start.

OBJECTIVE: Improve Program Quality

7. We are delighted that ACYF intends to reduce class sizes, and we hope that it will apply this principle when it prepares the staffing guidelines. Recently, NBCDI urged ACYF to establish child/staff ratios on a classroom or a group basis versus center basis. Since some Head Start programs have self-contained classrooms rather than open classroom situations (one large room), it is critical that at least one teacher and one teacher aide be present at all times.

If a fire were to occur in a classroom with one teacher and fifteen to twenty children present, a very dangerous situation would exist with unnecessary tragedies. We need not be reminded of the recent explosion at Gate City Day Nursery in Atlanta, Georgia to know the kinds of accidents that can occur. Further, other center staff, such as administrative staff or component coordinators, should not be considered caregivers and therefore should not be counted in determining the child/staff ratio for a classroom, group or center. For the most part, these individuals are not trained in early childhood principles and have many other responsibilities which take them out of the classroom or group situation. Preschool-aged children need a consistent environment for their overall healthy development.

Head Start programs, whose staffing patterns exceed the staffing guidelines, thus raising personnel costs, should certainly be given the opportunity to demonstrate their unique needs and negotiate their selected patterns. ACYF must also take into consideration that if the staffing "guidelines", specifically classroom or group size and child/staff ratios, are less stringent than state or city licensing codes, Head Start programs must adhere to the more stringent requirements. There are several states and/or cities with "good" standards.

As an advocate for Black children, NBCDI believes that small classroom or group size offers children strikingly better opportunities for healthy development. Therefore, NBCDI recommends that ACYF include in their staffing "guidelines" the following:

Age	Group/Classroom Size	Child/Staff Ratio
3 years	14	7/1
4 & 5 years	18	9/1

If classrooms or groups consist of mixed ages, then the group size should be based upon the age of the youngest child, if children in the youngest age category make up twenty percent or more of that group. While it is true that differences in fundamental purposes may preclude standardization for determining the size of Head Start classes, overcrowding has already become a problem. The benefits of smaller classroom and group size cannot be sacrificed to increase enrollment.

8. ACYF has appropriately decided to direct a substantial portion of FY 82 funds to raise Head Start salaries. NBCDI fully supports this initiative; in order to recognize the value of services provided and to reduce turnover, re-directed funds must be allocated to teachers' salaries to assure equal pay for comparable services within a state.

9. ACYF points out the usefulness of the Head Start Performance Indicators as a management and performance improvement mechanism. We applaud continuation of this effort and, in fact, recommend that adherence to Performance Standards be mandatory.

10. Special emphasis should be placed on parent education, and the Getting Involved series should be widely disseminated. This involvement is even more crucial as more and more teenagers become parents. NBCDI approves the incorporation of BES concepts into all Head Start programs. We expect that ACYF will be especially active in directing this activity.

OBJECTIVE: Improve the Administrative and Management of Head Start

11. ACYF has announced its plans to eliminate, revise and weaken existing Head Start regulations. We deeply oppose any initiative to change current regulations that have proven themselves workable and effective. NBCDI has consistently opposed regulations and requirements that weaken quality control where children's programs are concerned. We have earnestly requested that ACYF show vigorous leadership in retaining controls at the federal level which have contributed to the success of Head Start. To suggest minimal protection for the most vulnerable segment of our society is an abdication of the responsibility delegated to ACYF. The result would be the deliberate structuring of a dangerous situation.

12. We fully agree that ACYF must assume the responsibility of monitoring compliance. However, we feel that there needs to be specific analysis which shows that reduced reporting requirements and proposed modifications in Training and Technical Assistance will not preclude the ability of ACYF to target these reviews.

Here again, a design must take into consideration the uniqueness of the various geographical regions in this country and their local needs. Standards must be set by ACYF which will contribute to an overall effort to expand services and maintain quality.

13. Along with many other Head Start advocates, we urge the continued use of the Self Assessment/Validation Instrument (SAVI). Peer reviews should not take the place of federal monitoring, however. Practice has shown that compliance with requirements is much more likely when a federal role is clearly defined. As the federal advocate, ACYF must continue to demonstrate that it has a role in assuring that quality controls are in place and operating. It is very likely that as the level of requirement for reporting program information is reduced, the amount given will be less, the amount done will be less, and quality will be sacrificed.

CONCLUSION

Recent budget proposals appear to be tolling the death knell for Head Start. We all agree that excess government spending, runaway inflation and a debilitating welfare system cannot be allowed to generate a population which is totally dependent; consequently, it is essential that we support and improve those programs which are most likely to foster productivity and self-sufficiency. Over the long term, Head Start is such a program.



Illinois Head Start & Day Care Association
711 West McDean, Peoria, Illinois 61605 · (309) 671-3916

APR 05 1982

McFARLAND BRAGG, JR.
President
MILTON A. CURRY
Vice President
CONSTANCE COLEMAN
Treasurer
DOROTHY TAGGERT
Recording Secretary
BRENDA McKEE
Corresponding Secretary

Board Members
MAXINE MIMS-JONES
KAREAN LANG
WILLIE LAWSON
HILDA POWE
VANESSA RICH
JACKIE SCHAEFER
SANDRA VAN

March 26, 1982

Ike Andrews
Rayburn Office Building
Washington, D.C. 20510

Dear Ike:

On behalf of the Illinois Head Start & Day Care Association allow me to voice our concern relative to ACYF's plan to end Home-Based Training Centers throughout the county by October 1982.

Currently there are fourteen (14) programs involved in the Home-Based Options in their communities. We are concerned, as you are, with the quality of services to Head Start Children and are certain that all efforts will be made to provide the most efficient and effective services possible to the Head Start Family.

It is our hope that you will review the proposal by ACYF, and recognizing the value of the Home-Based Option, request that support for Home-Based Training Centers be continued beyond 15 October 1982.

Respectfully,

McFarland A. Bragg,
President
Illinois Head Start & Day Care Association

MAB/erg

Rt. #1 Box 148
Le Sueur, Minnesota 56058

MAR 31 1982

March 26, 1982

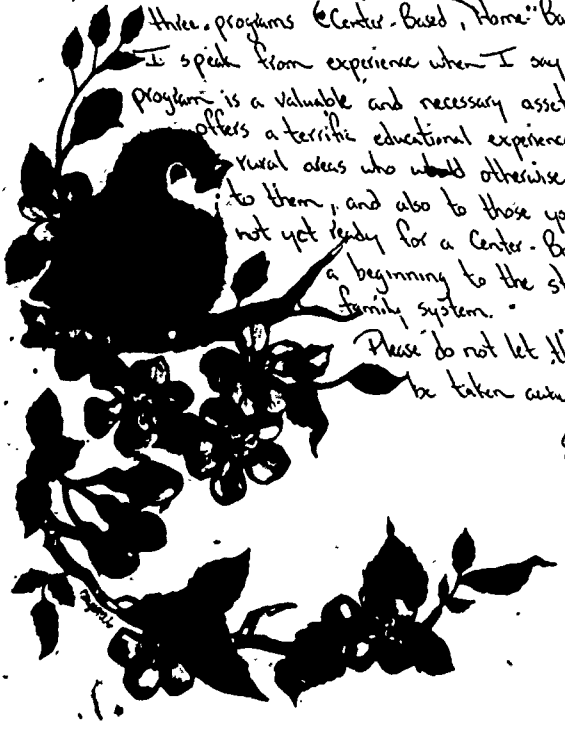
Dear Mr. Andrews,

I am writing to inform you of my strong support of the Home-Based Head Start program. I have had children in each of the three programs (Center-Based, Home-Based, and Combination), so I speak from experience when I say that the Home-Based program is a valuable and necessary asset to Head Start. It offers a terrific educational experience to those children in rural areas who would otherwise have nothing available to them, and also to those younger children who are not yet ready for a Center-Based program. It offers a beginning to the strengthening of our entire family system.

Please do not let this irreplaceable opportunity be taken away from our children.

Sincerely,

Ruth Rosin
Policy Council Chairperson
Region 9



MAR 31 1982

March 26, 1982
Ivanhoe, Mn. 56142

The Honorable Ike Andrews
House of Representatives
Washington, D.C. 20510

Dear Mr. Andrews,

I have been informed that ACYF thinks the Home Start Program should be discontinued. I feel this would be a great mistake, especially for the rural communities.

Home Start has provided excellent service to our family. By coming into the homes they can reach children who might otherwise never be helped. They not only provide educational helps but in health, safety & nutrition as well.

Please do not change a good thing. We need Home Start in rural America.

Sincerely yours,

MaryAnn Tykewinski
(Mother of a child in Home Start)



MONTICELLO SCHOOL HEAD START
Richie Huff, Director
Monticello, Kentucky 42633
March 26, 1982

Human Resources Subcommittee
Ike A. Andrews, Chairman
Washington, D.C. 20515

Dear Congressman Andrews:

This is a letter of inquiry and request for clarification concerning the status of Head Start Programs, and in particular Summer Head Start Programs.

We were recently notified by our Regional Office in Atlanta (Mr. John Jordon and Mr. Bill Sadler), that Summer Programs were to be terminated effective this Summer and that we had the option of either converting to a full-year program or lose our funding for the Summer programs completely.

Since its inception in 1965, Summer Head Start Programs have provided health, family, social, and educational services for thousands of disadvantaged pre-school children in our community.

Our Summer Program is sponsored by the Monticello Board of Education acting as a delegate agency of the Lake Cumberland Head Start. Ours is but a small program, but because of a lack of facility space, etc., we would be unable to convert to a full-year program.

Some of the questions, our parents are seeking answers to are the following:

1. Was the decision to eliminate Summer Head Start Programs a National or Regional decision?

2. Converting to Full-year Head Start Rrograms means that we would provided needed services to fewer children. -- Is it better to serve 160 children for example in Summer Head Start or serve 20 in a full-year program.?

3. Is the original philosophy and intent of the Head Start Program being followed in trying to serve as many economically deprived children as possible? (Conversion is normally on a 4 to 1 basis).

4. Does a sponsor's inability to convert to a Full-year Program mean the loss of services to children in our area?

With budgetary problems, it would seem that Summer Head Start Programs providing medical and dental services, hot lunches, family services, and handicapped services to children who truly are in need of a "Head Start" should not be terminated simply because we are unable to convert to a full-year program. Without Summer Head Start, our area faces the loss of these services which have been extremely beneficial to our community's best resource -- OUR CHILDREN.

Please respond.

Respectfully,

Richie Riff
Summer Head Start Director
Monticello Board of Education
Monticello, Kentucky 42633

RH/mw

95-358 O—82——30

Debra Robinson
538 East 124th St.
Cleveland, Ohio 44108

APR 01 1982

Dear Congress,

I would be ashame if the Headstart program would be cut-out. Because there are so many kids involved with the program. It's a very good program and it helps the children to learn a lot before they can enter Kindergarten. It prepares them to be a bit more advanced before entering public school. I know there are a lot of parents who aren't involed in the Headstart program with their children but I'm and very involved parent & I wish that the Headstart program can continue on & on.

Thank You Very Much
Debra Robinson

Dear Sir: APR 6 1982

I believe in the head-start program very much. I've got my little girl who will be four in May, and she looks forward to her teacher coming each week. She's home by herself without anybody to play with. She knows her name address and phone number, which I wouldn't have thought it that important to learn her, it might come in handy one day if she got lost. She colors good & a wiz at putting puzzles together. She's got a very nice teacher that really gives of her self. Linda Wilson

Thankyou,
Mrs. Robert Harcourt

APR 6 1967

Dear Mr. Andrews,

I have a son in head start this year. And 2 years ago I had another son in head start. In ~~two~~ more years I will have a daughter in head start. I feel my children have really benifited ~~from~~ from this program. I would hate to see it end. And I am sure my kids will too.

Betty Lowensberry
Grayling, Mich.

APR 6 1962

Dear Mr Andrews -

I don't like the idea of headstart being droped. It has helped my 2 boys alot. my Son has done alot More sence he has been in headstart. We need headstart.

Alice Johnson
Grayling, Mich.

APR 21 1982



HEAD START

of the Lehigh Valley

(215) 691-1819

40 EAST BROAD STREET • BETHLEHEM, PA. 18018

April 19, 1982

Congressman Ike Andrews
Rathburn House Office Building
Washington, DC 20515

Dear Congressman Andrews,

It has come to my attention that funding for Home Start Training Centers will cease in October. This decision is of great concern to me as a supervisor of a Home Based program. I understand the decision is an internal one and one not due to insufficient funds. I urge you to impact on this matter by working to assure us that no gap in our training services will result from this decision.

I was an observer this past Feb[illegible] at a Satellite Training conducted by the Home Start Training Center from Parkersburg, W. Virginia. It was obvious to me that an interruption in the training services they provide would be detrimental to the continuity and quality of Home Based programming.

Therefore, I'm requiring that:

1. There be a reasonable transition period to prevent a gap in services to Home Based Head Start programs and other Head Start options with a strong home visiting component;
2. There be provisions for Home Based training to be continued until a Training and Technical Assistance network is in place and functioning expertly in all its responsibilities; and
3. There be support for the Home Based effort itself as a viable and effective option for delivering Head Start services to families.

Respectfully,

Constance C. Jones

Constance Jones
Home Start Supervisor

CJ/lll
C.C.: Dorcus Hardy
Clarence Hodges

CRS Main File Copy

JUL 80

HQ 60143

Early Intervention Is Effective

S-81 01362

Success of Head Start-type programs is due mostly to parent involvement, not to any particular curriculum.

IRVING LAZAR

Can those who do poorly in school improve their performance significantly with the help of some form of intervention? The debate over this question is perhaps the oldest in the history of American education and concerns the malleability of intellectual ability.

Today we label the opposing sides in this debate as "genetic" versus "environmental"; during colonial days it was the "damned" versus the "chosen." At the heart of the controversy is the conflict between the elitist and the populist traditions of our country. Since *Brown v. Board of Education* in 1954, federal policy has gradually moved toward the populist position. Poor performance in school is seen as the result of the child's social, ethnic, economic, or physical condition, and changes in the child's environment, coupled with an enriched education, should, in this view, enable most if not all children to perform competently in our schools and college.

Three principal groups oppose this policy: those who believe that intelligence is primarily determined by the individual's heredity; those who believe that only intrafamilial intervention (usually maternal) at a very early age has any significant influence on learning; and those who believe that only macropolitical and economic change can influence individual intellectual development. The question of which of these views is valid is one of considerable policy concern.

Early Intervention

Early intervention programs for children from low-income families were built on the premise that appropriate services from outside the family could compensate for the disadvantages which, it was believed, were responsible for the generally poor performance of these youngsters in school. The programs always included an educational focus; some had other services as well. Head Start, for example, included health services, and some Head Start grantees also provided psychological and/or social services.

If the critics of public intervention were correct, Head Start's 1970 annual budget of $320 million was being wasted. The Nixon administration, eager to cut expenditures for the poor, publicized an evaluation of Head Start that was designed by government employees and contracted to a private firm by a previous administration. The agency that designed the study had lost its bid to control Head Start, and, in fairness to the contractors, it should be said that they simply carried out their instructions.

The problems of the Westinghouse-Ohio University evaluation of Head Start were numerous. There was no random assignment of a control group, no baseline measures, no data on or control of the content of the programs studied, nor any control for the length of intervention. Further, Head Start was not designed to change IQ. It was intended to help children do better in school. The correlation between IQ and school performance is about .40—hardly enough to grow about, much less to use as a predictor. Yet the Westinghouse-Ohio report that the difference between the IQs of Head Start graduates and their classmates was insignificant at the end of the first grade was used as justification to try to close down the program. While the Nixon administration failed in that effort, they did freeze the Head Start budget at its 1970 level where it stayed throughout the Nixon and Ford years.

Irving Lazar is Professor and Chairman, Department of Human Service Studies, Cornell University, Ithaca, New York.

JANUARY 1981

Educational Leadership v. 38

303-305

File: ED-Research + Evaluation Head Start

How can one evaluate an early intervention program such as Head Start? Obviously, if a program is intended to enable children to perform at their age/grade level in public schools, then the legitimate measure of program success is the performance of those children in school as compared to an *originally* randomly selected control group for whom the same baseline measures are available.

One cannot conduct that kind of evaluation with Head Start. Its structure and operations have made it impossible to meet the requirements of a decent design. But there were alternatives. Head Start was inspired by a clutch of independent experiments in early intervention conducted at research institutions in the late 1950s and early 1960s. It occurred to me early in 1975 that if a sufficient number of these original experimental and control subjects could be found, that each of those studies could provide an independent test of the hypothesis that early education could affect later school performance. Because at least ten years had passed since the original experiments were concluded, the actual school performance could be ascertained without resort to predictions from test scores. With help from the Office of Child Development, Ruth Hubbell and I identified 15 of the early experiments that were large enough to survive heavy attrition. The investigators were able to locate, on the average, three quarters of the original experimental and control subjects, and comparison of the baseline data of those who were located with those who were not found demonstrate no important attrition effects.

Fortunately, all but one of the original investigators agreed to give us copies of their original data for reanalysis, agreed to a common format for a follow-up of their subjects, and agreed to provide the follow-up data to us for pooled and cross-study analysis.

With barebones budgets, help from their own institutions, and enormous ingenuity and hard work, the investigators found their subjects, had less than 2 percent refuse to participate, and enabled us to demonstrate quantitatively that if you provide high quality education to even the poorest of children they will learn and that the earlier education begins the longer its effects will be obvious.



Our very conservative analysis of our findings demonstrated that children in these programs are more successful in school than are the control groups. Specifically, program children were far less likely to have been assigned to special education classes or to be retained in one or more grades than were the control-group children. Program children were also less likely to drop out of school before graduation from high school than were the controls.

The differences in assignment to special classes are particularly significant for school administrators. These differences held up even after controlling for pre- and post-intervention IQ and for a variety of background and familial variables. There is little doubt that the differences were due to the effects of the preschool programs. These effects were so marked as to be cost effective. In one of the studies, the Ypsilanti-Perry Preschool Program, a formal cost-benefit analysis was carried out by a pair of economists. They demonstrated that the savings to the school district from reduced need for special education more than paid for the costs of the preschool program. Various individual studies uncovered even finer-grained differences: female program participants who became pregnant during their high school years were more likely to return to school and graduate after having their babies than were the control subjects who became pregnant during their high school years.

They All Worked

Altogether these studies included 27 different "treatments" or curriculums. Several of the studies were originally designed to compare the effectiveness of various curriculums. On these outcome criteria we found no differences between curriculums. They all worked. This finding alone should be of particular interest to educators. Our findings suggest that the hunt for *the* best curriculum is a futile, or at least, a commercial search. Any reasonably designed, age-appropriate set of learning goals can be achieved in a number of ways. There are many roads to Allah.

Similarly, we found that while in-service training of teachers was positively related to successful outcomes for children, the prior training of the teacher was not. Professionals did well, as did paraprofessionals, as did parents serving as teachers of their own children. Nor did the site make a difference. Home-based, center-based, and combination programs did equally well. Children from different family structures did well as did rural and urban children, black and white children, only children, youngest, oldest, and middle children.

We found a cluster of five interrelated program characteristics related to positive outcomes:

1. Age of intervention—the earlier, the better.
2. Adult-child ratio—the fewer children the better.
3. Number of home visits—the more the better.
4. Direct participation of parents—the more the better.
5. Services for families, not just the child—the more, the better.

These studies do not let us take this cluster apart, but current work in an experiment at 48 sites, conducted by the New York State Department of Education, has demonstrated clearly that direct parent participation in preschool is related to academic achievement in the elementary grades. Their subjects aren't old enough yet to see how long that relationship will hold.

The current follow-up of the oldest subjects in the Consortium studies is nearing completion and will compare various indices of life success in early adulthood of the original experimental and control subjects. It is clear already that those youngsters who participated in infant and preschool education programs are doing better than the controls.

What do these findings mean for educational theory and educational policy? Obviously it means that early education, whether in or out of the home, whether by a teacher or a parent, can enable poor minority children to meet the requirements of public schools. These studies also suggest that the search for "the best" curriculum is like looking for a perfect procrustean bed. They suggest, further, that given good inservice training and supervision, paraprofessionals can do a fine job—and so can parents.

It is my belief that the basic reason these early programs had such long-lasting effects is *not* curricular, but rather is a result of changes in the parents' values and anticipations for their children. A single shot of preschool seems hardly enough to produce a life-long change. I believe that the increased participation of parents provided the value change that led them to encourage and reward their children's learning activities. When the professionalization of education drove parents out of their children's learning, an essential condition for learning may have been severely damaged. Perhaps we can prevent that loss in the future by bringing parents back into partnership in the educational enterprise. ■

References

Beller, E. K. "Early Intervention Programs." In *The Handbook of Infant Development*. Edited by J. D. Osofsky. New York: John Wiley & Sons, Inc., 1979.

Brown, B. *Found: Long-Term Gains From Early Intervention*. Boulder, Colo.: Westview Press, 1978.

Cronbach, L. J. "Beyond the Two Disciplines of Scientific Psychology." *American Psychologist* 2 (1975): 116-126.

Consortium for Longitudinal Studies. *Lasting Effects After Preschool*. Final report, Grant No. 90C-1311 from the Administration for Children, Youth, and Families, Office of Human Development Services, DHEW, October 1978.

The Consortium on Developmental Continuity. *The Persistence of Preschool Effects*. Final report, Grant No. 15-76-07843 from the Administration for Children, Youth, and Families, Office of Human Development Services, DHEW, October 1977.

Darlington, R. B., and others. "Preschool Programs and Later School Competence of Children from Low-Income Families." *Science* 208 (1980): 202-204.

Datta, L. "Another Spring and Other Hopes Some Finds from National Evaluations of Head Start." In *Project Head Start: A Legacy of the War on Poverty*. Edited by E. Zigler and J. Valentine. New York: Free Press, 1979.

Datta, L. "The Impact of the Westinghouse/Ohio Evaluation on the Development of Project Head Start: An Examination of the Immediate and Long-Term Effects and How They Came About." In *The Evaluation of Social Programs*. Edited by C. Abt. Beverly Hills, Calif.: Sage, 1976.

Hubbell, V. R. "Differential Effects of Three Early Childhood Intervention Delivery Systems." Ph.D. dissertation, Cornell University, 1978. *Dissertation Abstracts International* 39 (1978): 413B.

Jencks, C. M.; Smith, H.; Ackland, M. B.; Cohen, D.; Gintis, H.; Heyns, B.; and Michelson, S. *Inequality: A Reassessment of the Effect of Family and Schooling In America*. New York: Basic Books, 1972.

Jensen, A. R. "How Much Can We Boost I.Q. and Scholastic Achievement?" *Harvard Educational Review* 2 (1969): 1-23. Reprint series.

Koretz, D. M.; Vopava, J.; and Darlington, R. *Matching Early Education Programs to Children: Some Methodological Limitations*. Paper presented at the American Association for the Advancement of Science, Washington, D.C., February 15, 1978.

Palmer, F. H., and Anderson, L. W. "Long-Term Gains from Early Intervention: Findings from Longitudinal Studies." In *Project Head Start: A Legacy of the War on Poverty*. Edited by E. Zigler and J. Valentine. New York: Free Press, 1979.

Shipman, V. C.; McKee, J. D.; and Bridgeman, B. *Stability and Change in Family Status, Situational and Process Variables and Their Relationship to Children's Cognitive Performance*. Princeton, N.J.: Educational Testing Service, 1976.

Weber, C. U.; Foster, P. W.; and Weikart, D. P. "An Economic Analysis of the Ypsilanti Perry Preschool Project." *Monographs of the HighScope Educational Research Foundation* 5 (1978).

Zigler, E., and Trickett, P. K. "IQ, Social Competence, and Evaluation of Early Childhood Education Programs." *American Psychologist* 33 (1978): 789-798.

Zigler, E., and Valentine, J., eds. *Project Head Start: A Legacy of the War on Poverty*. New York: Free Press, 1979.

JAN 07 1982

CRS Main File Copy
LB 1555

S-81 11056

John A. Calhoun
Raymond C. Collins

From One Decade to Another: A Positive View of Early Childhood Programs

The decade of the 1970s was one of immense achievement in early intervention programs. Such success is the best kept secret of educational policy. More about this in a moment.

The promise of the '60s, when federal support for children's programs mushroomed as an offshoot of the War on Poverty and in response to the research insights of Jean Piaget, Benjamin Bloom, and James McVicar Hunt, had dimmed by 1969 in response to the disappointing findings of the Westinghouse evaluation of Project Head Start.[1] Serious analysts of social policy were prone to cite early childhood education as the classic instance of the government's tendency to overestimate its potential for intervening to accomplish good ends in complex human affairs. Arthur Jensen made headlines with the charge that compensatory education had failed, leaving the clear implication that the poor and minorities may be genetically incapable of learning. Volumes of learned critiques of the Westinghouse study and equally learned rebuttals filled library shelves. Decision makers in Washington got the message, effectively forestalling any significant expansion of child development services through the administrations of Richard Nixon, Gerald Ford, and Jimmy Carter.

Since 1969, the research and evaluation evidence has been building up. Half a score of major studies have been completed on Head Start, preschool education, and day care. The breakthroughs in research methodology are impressive. Longitudinal studies following the same children over several years are now common. True experimental designs with careful controls and random assignment have proven to be feasible. Observational methods and parent and teacher ratings are used to supplement standardized tests. Work is under way to design evaluation measures sensitive to racial-ethnic, linguistic, and other life circumstances of low income and minority children and their families. An awareness of the criticality of parents, siblings, and significant others to the child's learning and development has prompted researchers to broaden the focus of study to encompass the ecology of the family. Techniques of mathematical modeling and data analysis are incomparably more sophisticated. It is now standard practice to use a variety of analytical approaches to test for the robustness and consistency of effects. Many of the problems that plagued the Westinghouse study and earlier research have been overcome or are at least better understood.

The truly astonishing finding that runs through all of these studies is one of consistently favorable impact on the lives of the children and their families who participate in well-designed early intervention programs. Although the studies vary greatly in size and sophistication, the uniformity of the message is staggering. The conclusion that compensatory education had failed was premature and an egregious error. The emerging conventional wisdom that local communities are incapable of mounting programs that could elicit the desired changes in children's

John A. Calhoun is director, Child Welfare League of America, Washington office, and former commissioner, Administration for Children, Youth and Families (ACYF), U.S. Department of Health and Human Services; Raymond Collins is chief, Development and Planning Division, Head Start Bureau, ACYF.

Theory into practice v.20 spring 1981 p.135-140

cognitive, language, socioemotional, and physical development has been persuasively disproven.

How have educators, researchers, policymakers, and others concerned with children's programs reacted to these startling results? Amazingly enough, virtually not at all. There are no headlines, no volumes in the library. The predicted explosion of kindergarten and preschool education programs in public schools has not occurred, although vacant classrooms beckon. Public Law 94-142 has not led to the anticipated upsurge of services for the very young child in need of special education and other support. Public sector funding for day care has increased by miniscule amounts. Head Start's budget has grown steadily, but, with the notable exception of 1978, the expansion overall has failed to keep pace with galloping inflation. (At the time of writing, budgetary action for 1981 and 1982 had not been finalized.) What growth has transpired in private day care and nursery schools has been a direct result of choices by parents, mostly high income families with two wage earners, who can afford unsubsidized care. Nor have there been knowledge breakthroughs in the research community. All too many writers on early childhood education are still relying on sources that are ten or more years out of date. Governmental researchers have been remiss in not keeping in touch with the academic community, and the reverse is similarly true.

The purpose of this article is to provide a convenient overview of salient research and evaluation developments concerning Head Start, preschool education, and day care during the past decade. The intent is to stimulate the reader to pursue these findings to their sources, with the hope that, to the extent that the evidence is found persuasive, a searching reexamination of our theories, practices, and public policies governing child development will occur. The authors offer some observations concerning possible directions in which this reexamination might lead the nation during the decade of the '80s.

Head Start: The Past Decade in Review

Since its inception in the summer of 1965, Head Start has served over 7½ million low income children and their families at a cost of $6.5 billion. The Head Start budget for 1980 was $735 million. The Administration's budget request for 1981 was $820 million; for 1982, it is $950 million.

The overriding goal of Head Start is to elicit gains in the preschool child's *social competence*.[2] By social competence is meant the child's cognitive and language, socioemotional, and physical development, encompassing the child's functioning at home and in the neighborhood, as well as later opportunities for success in public school and all aspects of the child's life. Corollary goals involve benefits for parents and the community, as Head Start works as a catalyst for improved services for low income and minority families.

In 1,262 communities nationwide, Head Start grantees and delegate agencies, governed by local citizens, including representatives of parents of the children served, administer programs of comprehensive developmental services to 376,000 children. Head Start provides education, parent involvement, social services, and health services (i.e., medical, dental, mental health, and nutrition services). Special education and related services are tailored to the needs of the 12 percent of Head Start participants who are handicapped.

Conclusions about the worth of Head Start (and, by extension, the value of preschool education) have been based almost exclusively upon studies carried out in 1968 or earlier, with attention centered on the Westinghouse evaluation. Not only are these studies out of date, they describe a program that is dramatically different from present day Head Start. In the fall of 1968, 70 percent of Head Start participants were in summer programs of a mere 6-8 weeks duration. But during the period 1969-1972 and up to the present, major changes have occurred in Head Start.

The Head Start improvement and innovation effort, spearheaded by Edward Zigler, the first director of the Office of Child Development (the predecessor to the Administration for Children, Youth and Families), led to a revitalization of the program. Head Start was converted to an 8-12 month full year effort; part day and full day program criteria were clarified; program performance standards were promulgated that specified the basic activities that must be carried out by every Head Start grantee and agency; and allowable program models were specified, including home based services. Experimentation and evaluation were accorded high priority.

The results of this period of program resurgence are now largely available. George Washington University in 1977 compiled the findings of over fifty research and evaluation studies that had been carried out since 1969.[3] This wealth of data highlighted the impact of Head Start on the cognitive and social development of the child, on child health, on the family, and on the community. Salient findings are as follows:

- Improvement in reading achievement and in

performance on standardized tests of intelligence or general ability;
- Head Start participants performed equal to or better than their peers when they began regular school and there were fewer grade retentions and special class placements (a half dozen studies document long term benefits);
- Positive contributions to the development of socially mature behavior and self concept, the latter when the programs have a high degree of parent participation;
- Lower absenteeism, fewer cases of anemia, and generally better health and nutritional practices among Head Start children;
- Improvement in parenting abilities, enhancement of positive reactions between mothers and their children, and an increase in later parent participation in school programs.

Other, more recent studies reinforce this picture of favorable Head Start impact and provide greater insight into which populations of children benefit in which ways. They also enhance our understanding of just what combinations of program variables contribute to desired outcomes. A major evaluation of a nationwide random sample of 55 Head Start programs mainstreaming handicapped children found that, contrasted with non-Head Start programs, handicapped children in Head Start were almost universally served in a context with their nonhandicapped peers.[4] Head Start children evidenced growth in physical, self-help, social, and academic skills. Gains of six months in communication age were recorded for speech impaired children in Head Start beyond the levels attained by handicapped children who did not attend any preschool.

Data from the Head Start Program Information Report (PIR), completed by all Head Start grantees and delegate agencies as of June 1980, sketch a broad profile of services.[5] The following picture of vital health services emerges, a marked contrast to medical and dental services generally available to the preschool child of poverty:

- 80 percent of Head Start children completed all required medical screenings (i.e., a complete medical and developmental history; thorough health screening; and medical examination);
- 25 percent of children screened were identified as having a health problem requiring medical treatment, and 89 percent of these children received treatment;
- 70 percent of Head Start children were provided dental examinations;
- 45 percent of those examined needed dental treatment, and 90 percent of those needing treatment received treatment;
- 72 percent of Head Start children completed all required immunizations for DPT, polio, measles, rubella, and mumps.

Head Start also works with parents to insure linkage to community health resources so that the child and family continue to receive comprehensive health care after leaving the Head Start program. During the 1979-80 operating year, PIR reports show that 30 percent of Head Start children were enrolled in the Medicaid Early and Periodic Screening, Diagnosis, and Treatment Program. In a 1978 study of families that had participated in Head Start during 1976, 79 percent of the parents reported that the program helped them arrange other medical care.[6]

Supplementing the PIR and the 1976 study, an evaluation of parent involvement documents extensive parent participation in Head Start.[7] These sources reveal, for example, that:

- On the average, for every 100 children enrolled, 64 parents provide volunteer services to the program;
- 27 percent of all Head Start staff members are parents of current or former Head Start children;
- 17 percent of parents reported that Head Start helped them get a job or further their education;
- 24 percent of parents serve on policy councils or committees;
- 82 percent of parents reported that Head Start offered them an opportunity to get together with other Head Start parents at least once a month, mitigating the potential social isolation of low income families.

Head Start has raised the expectations of parents for their children; it has raised their expectations for themselves; it has involved them actively in the education of their children which often carries over into public school settings; and it has given to parents a sense that they are effective people, for their children, for themselves, and for their communities. This has been one of the hidden and profound effects of Head Start.

This positive message of the favorable impact of early intervention in Head Start has been echoed in other preschool education programs.

Preschool Education: Lasting Effects

A silver lining in the cloud of silence that has surrounded inquiries into the impact of child development over the past decade is afforded by the pathbreaking research of the Consortium for Longitudinal Studies. This innovative project was launched to address the policy relevant question of whether preschool intervention programs have a significant long lasting impact on low income children.

In a bold departure from conventional methodology, which tends to compartmentalize research in the human services (in contrast with team efforts which are more common in the physical sciences), the Consortium represents a common enterprise of twelve distinguished investigators. These dozen researchers, all of whom had carried out experimental and quasi-experimental studies of preschool programs in the early and mid-1960s, collaborated in pooling their data and conducting follow-up studies.[6] The follow-up utilized common instruments to analyze the longitudinal impact of preschool programs as measured on 1,599 youngsters who ranged from nine to nineteen years of age at the time the data were collected in 1976-77. These young people were tracked down and identified as part of a population of approximately 2,700 children who had attended the original preschool programs located in eleven communities in the Northeast, Southwest, and Midwest. The preschool programs involved diverse delivery systems, theoretical orientations, and curricula. Some programs enrolled children as early as three months; some began at four years of age. Some program models focused on the home, others on the center, and a few combined both approaches. The experimental programs generally employed random assignment; the quasi-experimental programs typically used matched comparison groups of children who did not participate in preschool.

The reanalysis of the pooled original data and the follow-up data was carried out with unusual rigor by scientists at Cornell University who were not involved in any of the programs. Differential effects of attrition did not appear significant. The major findings, directly attributable to the impact of the preschool programs, were as follows:

- A dramatic reduction in the proportion of children assigned to special education classes (for the six projects in which pertinent data were collected, the median rate of assignment to special education classes was 14 percent for children who had attended preschool and 29 percent for the control group);
- A greater likelihood for children who had attended preschool to be promoted on grade level with their peers (when all projects are pooled, the average effect is a reduced incidence of grade failure among low income children who participated in one of the intervention programs);
- An improvement in children's scores on mathematics achievement tests in fourth grade and a "suggestive trend" of increased scores on fourth grade reading tests;
- Higher scores on IQ tests which held up for three years after the completion of preschool; gains had disappeared by the time the children were age 13 or older;
- There were attitude differences, consistently favoring former preschool participants, with the children tending to give achievement-related reasons for being proud of themselves and with mothers having relatively high vocational aspirations.

The Consortium's findings have been highlighted in the media. Commentary has tended to view the significance of the results as proving the worth of Head Start. Another line of reasoning, gaining currency within the policy community, is to dismiss the study as of little consequence for Head Start or other public programs.

Both of these points of view are understandable overreactions. Only two of the research projects involved Head Start, so the study can hardly be considered a definitive analysis of the effectiveness of that federal program. On the other hand, it is a serious error to dismiss the results as irrelevant to Head Start.

The significance for Head Start and for public policy generally is twofold. First, the Consortium has demonstrated conclusively that well designed preschool programs can produce important sustained gains in the low income and minority child's school performance. On strictly economic grounds, preschool education has emerged as a worthwhile investment in human resources. Its potential should be checked out further in future research, but the preliminary evidence is unequivocal. Second, this longitudinal research has validated the finding of the long term impact of Head Start on children's school performance, including keeping pupils out of special education classes and helping boys and girls to remain on grade level. The results that have been found in a half dozen long term Head Start studies are now validated in the Consortium's larger scale and better designed research project which

analyzes the impact of preschool programs that share many features in common with Head Start.

Day Care: Standards or Status Quo?

No overview of child development research over the past decade would be complete without a mention of the National Day Care Study. This comprehensive analysis was carried out during the period of 1974-79 and touched on most aspects of federally supported day care. The principal conclusion of the study was that "revision of current federal day care regulations would allow the government to buy better care at slightly lower cost—meaning that more children would be better served within current budgets."[9]

A major cost effectiveness study of center based preschool day care was conducted at 67 day care centers in Atlanta, Detroit, and Seattle. The study had a sophisticated research design and addressed three policy questions. First, are there program characteristics subject to federal regulation which can be related to differences in the quality of care received by children under six? Second, what impact do these program variables have on cost? Third, what is the potential impact of alternative federal policies regarding center characteristics on the cost and quality of care?

The study found that group size and child-caregiver ratio were related to quality and cost, with the group size variable proving of paramount importance. Smaller groups were consistently associated with better care, socially active children, and higher scores on developmental tests. A reduction in group size from over eighteen to groups no larger than fourteen produced a 15 percent gain on child scores on the Preschool Inventory and a 24 percent gain on the Peabody Picture Vocabulary Test. Caregiver qualifications, specifically child related education and training, also showed a moderately strong and consistent relationship to child outcomes, with but a minimal increase in cost of care.

The study provided the foundation for a sweeping revision of federal day care regulations, promulgated March 1980.[10] Group size, child-caregiver ratio, and caregiver qualifications were among the program variables in which significant improvements were made in the regulations. Controversy involving the regulations prompted the Congress to suspend them until July 1, 1981, and until an assessment is made of current practice in the states.

Early Childhood Education: Prescription for the 1980s

The above review sketches the broad shape of the knowledge explosion that has occurred in child development programs over the past ten years. What implications does this have for future social policy toward children? The authors have three principal recommendations.

1. *Adopt the proposals of the Head Start Blue Ribbon Panel.* In October 1980, a report of a prominent study committee on Head Start was presented to the Secretary of Health and Human Services and to the President.[11] The committee was chaired by Edward Zigler, Sterling Professor of Psychology at Yale (and long associated with Head Start as a member of the original panel of experts that designed the program in 1965, and later as director of the Office of Child Development), and was composed of thirteen other distinguished members, all but three from the private sector.

   The panel analyzed the available evidence concerning the performance of Head Start and reported that the program's "successes are impressive." The panel set forth a comprehensive action plan to strengthen Head Start in the coming decade. The plan included a number of steps to safeguard program quality and to protect the program from the deleterious impact of inflation. Clear standards for group size and child-staff ratios would be required. Head Start classroom staff would be required to have a nationally recognized credential, such as the Child Development Associate (CDA). Head Start staff would receive salary increases and employee benefits to prevent excessive staff burnout and turnover. In addition to these steps to upgrade quality, the panel recommended that Head Start begin a program of controlled expansion to serve a larger share of the income eligible children (Head Start presently serves about one out of five of the target population), with a minimum of a two percent increase per year. Innovations in program design were urged, specifically an extension of services to children under age three, expanded assistance to children of working parents, and broader options for full day care.

   These proposals offer a rich cornucopia of ideas to rejuvenate Head Start that are worthy of careful scrutiny by the new administration as it evolves its program strategy for low income children and families.

2. *Implement the federal day care regulations.* The new Congress should move to put the day care regulations into force as rapidly as possible. The regulations are the product of a careful process of consideration and input by many groups representing all sectors of the society. They rest on a solid footing of high quality research. While perhaps not perfect, they will lead to considerable improvement in many day care programs nationwide with incalculable benefit to thousands of children.
3. *Launch a child development era of innovation and research.* The spirit of the country seems unlikely to support massive expenditures in children's programs. The same has been true of the past decade. Nevertheless, it has been possible to make significant progress through research and evaluation. But the noteworthy studies discussed above have been completed. Few innovations of major importance are on the drawing board. This is the time to invest public funds strategically so that future generations will have an even more secure knowledge base on which to formulate social policy for children. Possible research themes could include longitudinal studies of the impact of very early intervention, the need and effective demand for day care among various populations, and studies that emphasize the influence of family ecology on children's learning and development.

Notes

1. Cickelli, Victor, *et al. The Impact of Head Start: An evaluation of the effects of Head Start on children's cognitive and affective development*, PB184328, Westinghouse Learning Corporation—Ohio University (distributed by Clearinghouse for Federal Scientific and Technical Information, Springfield, Va.) June 12, 1969.
2. Head Start Program Performance Standards, *Federal Register*, July 1975.
3. Mann, Ada J., Harrell, Adele, and Hurt, Maure. *A review of Head Start research since 1969 and an annotated bibliography*, May 1977. Social Research Group, The George Washington University. Prepared for Office of Child Development, U.S. Department of Health, Education, and Welfare, Contract No. 105-76-1120.
4. *Evaluation of the process of mainstreaming handicapped children into Project Head Start*, December 15, 1978. Applied Management Sciences. Prepared for: Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health, Education, and Welfare, Contract No. 105-76-1113.
5. *Summary report: An analysis of 1979-80 Head Start program performance indicators*, National Institute for Advanced Studies, October 15, 1980. Prepared for: Administration for Children, Youth and Families, U.S. Department of Health and Human Services, Contract No. 105-80-C-081.
6. Royster, Eugene C. and Larson, John C., *Executive summary of a national survey of Head Start graduates and their peers*, March 1978. Abt Associates, Inc. Prepared for: Office of Child Development, U.S. Department of Health, Education, and Welfare, Contract No. 105-76-1103.
7. Stubbs, Jr., Godley, C., and Alexander, L. *National Head Start parent involvement study*. ACRA (Associate Control Research and Analysis, Inc.). April 1978.
8. Lazar, Irving, and Darlington, Richard B. *Lasting effects after preschool*, a report of the Consortium for Longitudinal Studies. October, 1978. Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health, Education, and Welfare, DHEW No. (OHDS) 79-30178. A more recent synthesis of the current findings is contained in Darlington, Richard B., *et al.* Preschool programs and later school competence of children from low-income families. *Science*, 208, April 11, 1980, 202-204.
9. Abt Associates, Inc., *Final report of the National Day Care Study: Children at the center. Executive summary*. Cambridge, Mass., March 1978. (Contract No. 105-74-1100)
10. *Federal Register*, HEW Day Care Regulations. March 19, 1980, 45(55): 17870-17885.
11. *Head Start in the 1980s: Review and recommendations*. A report requested by the President of the United States, October, 1980.

THE WASHINGTON POST
DECEMBER 12, 1981
(Pg. A-1)

Phase-Out of Head Start Proposed by Stockman

By Spencer Rich
Washington Post Staff Writer

The Office of Management and Budget has proposed phasing out the familiar Head Start program for preschool children from low-income homes by merging it into a community services block grant, sources said yesterday.

Head Start was one of the social "safety net" programs the Reagan administration called inviolate earlier this year.

The OMB plan to eliminate its separate identity and shift its funds to the block grant over four years has been sharply protested by Health and Human Services Secretary Richard S. Schweiker in a letter of appeal to OMB Director David A. Stockman, sources said.

Schweiker, fighting several fiscal 1983 cuts proposed by Stockman, reportedly said in the letter that he opposed putting Head Start into a block grant.

Equally important, Schweiker told Stockman, under the OMB plan total funding available for Head Start in fiscal 1983 would be $780 million, substantially less than the $950 million the president originally proposed for 1982 and the $912 million for fiscal 1982 that Congress has provided in the latest government funding resolution.

Schweiker, objecting strongly to the funds reduction, said, "I believe the president appropriately placed Start as one of the 'safety net' ams."



RICHARD S. SCHWEIKER
... sharply protests in letter of appeal

In the same letter, sources said Schweiker warned Stockman that other OMB-proposed 1983 cuts would undermine medical research in the United States, block further progress in disease control and violate treaty obligations to American Indians.

Calling such cuts "unwise and inappropriate," he also said that Stockman's proposed one-third personnel cut in the HHS division that manages Medicare and Medicaid programs would make it extremely difficult to maintain control over these two programs, among the largest and

See HEAD START, A7, Col. 1

THE WASHINGTON POST
DECEMBER 12, 1981
(Pg. A-7)

THE WASHINGTON POST

Stockman Seeks Phase-Out of Head Start

HEAD START, From A1

fastest growing in the government. He also objected to elimination of funds for a separate office on smoking and health.

Stockman has now proposed large cuts for almost all the government's domestic agencies in an effort to restrain the projected 1983 deficit, which OMB now says will otherwise exceed $150 billion. Schweiker is one of several Cabinet members appealing these cuts to the president, in a process expected to last until Christmas.

Head Start, authorized in 1965 as part of the Johnson administration's war on poverty, has been one of the most popular of all social programs, especially among minority groups.

Schweiker in his letter warned that "It is not reasonable to expect Congress to agree to incorporating Head Start into this block."

Early this year, the White House said Head Start, serving about 374,000 children, was one of seven essential social programs safe from the budget ax.

The new OMB plan, according to sources, calls for shifting one-quarter of the Head Start funds into the block grant to the states each year for four years.

It also calls for merging the child-abuse and runaway youth programs in the same grant. Schweiker said they would more properly fit in the social services block grant.

In comment on other programs, Schweiker reportedly protested:

• A plan to merge six more health programs, including the food program for women, infants and children, into four existing health block grants and then slash funding for all the blocks combined to $1.869 billion in fiscal 1983.

He objected to including the child-health screening and developmental disabilities programs in the health blocks.

In addition, he said $1,869 billion was far too low, a one-third cut from what all the programs in the proposed blocks (including the six additions) had received as individual programs in fiscal 1981.

• Stockman-proposed cuts in the National Institutes of Health and in alcohol, drug abuse and mental health research.

Schweiker said the cuts "would be seriously disruptive to continued progress in biomedical research," and demanded restoration of $172 million to put NIH at $3.75 billion and alcohol-drug-mental health research at $300 million.

• An $86 million cut planned by Stockman in Schweiker's $638 million request for Indian health services.

Schweiker said the Indian health program "reflects our treaty obligations" and restoring the money would allow HHS "to fulfill its obligations without a reduction in services."

• An OMB plan to cut direct activities of the Centers for Disease Control, "a center of excellence unequaled anywhere else in the world," from about $242 million to about $197 million.

The cut, he said, "would erode our ability" to reduce levels of "infectious and other diseases."

• An OMB plan to phase out the Public Health Service Commissioned Corps.

• An OMB plan to halve the $103 million Schweiker requested for St. Elizabeths Hospital.



DAVID A. STOCKMAN
... wants merger into block gra

DOROTHY GILLIAM

SCROOGE 1981



The original Scrooge by Charles Dana Gibson

[illegible] like the [illegible] inspired, quaint [illegible] Charles Dickens' "A Christmas Carol" spattering and ugly and wonderful Ron in blazes his silly nephew could be merry because he was "poor enough." Nor does the visage of today's Scrooge resemble that cranky old fictional curmudgeon that, every year about this time, flickers across our TV screens.

No, quite the contrary. This Scrooge is handsome, youthful looking beyond his years. On top of that, he is smooth and honey tongued. In fact, many of the cliches apply: while butter probably does not melt in his mouth, his smile is warm enough to melt the heart of his fellow citizens, even when his actions and decisions threaten to rob them of their future.

This is a Scrooge in lamb's clothing, a man who is so *affable*, so *homey*, so *good-natured* that it is darn near impossible to dislike him. Indeed, it seems he is so loved by his charges that they keep on liking him even as he goes about trimming back on the amount of food and education they get. They believe him when he says that fattening the defense budget is for their own good because it protects them from the nasty Communists — *his* version of a Grinch, no doubt.

It is only when this sweet talking Scrooge starts slinging his budget cutting ax like some Paul Bunyan that the ugliness of the situation starts to show. And what shows is not just the ugliness of Scrooge 1981. Because when budgets get trimmed, it is only the poor who end up screaming. Nobody else seems to hear them or, if they do, much care. Most are too busy worrying about their own financial future. They can't see beyond their own shrinking dollar. They just keep hoping things will get better. After all, that's what lovable old Scrooge promises will happen if they just let him do what he thinks is best.

Besides, he had assured Americans that [illegible] art for preschildren from [illegible] homes, [illegible] would be forever safe from budget [illegible] Head Start was one of seven essential programs, we were told not too long ago. It had done a good job. And it was still desperately needed.

For those of us who had been worrying about the future of our nation's poor children and who had been driven to near distraction by all of the other health and welfare program cuts, that was good news. Here was a program that had proven successes. Underprivileged kids who had participated in the preschool Head Start Program have been shown to do better in school than those who had not had the advantage of Head Start. In fact, what was really needed was *more* Head Start because only 20 percent of the American children who need it can participate.

At least Head Start was safe, we sighed with relief. At least some lucky kids would have a chance at an equal start in life.

But lo and behold, just in time for Christmas, Scrooge has reminded us he is still a skinflint at heart. Merry Christmas, poor preschoolers, the 374,000 of you in Head Start programs across the country may be among the last because Scrooge's helpers have proposed phasing out Head Start by merging it into community service block grants over the next four years.

Now, everybody *knows* that that is just a way of saying the program's days are numbered. Consider this, in the meantime, Scrooge's helpers are recommending that, starting in 1933, Head Start's budget be cut

See GILLIAM, D4, Col. 1

Scrooge's Present: Cuts in Head Start

GILLIAM, From D1

to $780 million from the $912 million Congress has okayed for 1982.

Typical is the reaction of Marian Wright Edelman, president of the Children's Defense Fund. "This is outrageous," she said. "This is the most successful program . . . They are out to gut the very nature of the program."

Of course, we all know that Dickens' tale has a happy ending. Scrooge eventually has a dramatic change of heart, thanks to an evening's encounter with Christmases Past, Present and Future, and showers everyone in sight with gifts and joy. But I have serious doubt that our real life Scrooge will ever undergo such a dramatic metamorphosis.

Not as long as he believes eradicating budget deficits is more important than educating the poor.

THE WASHINGTON POST
DECEMBER 23, 1982
(Pg. A-1)

Head Start Cut Is Shot Down

By Spencer Rich
Washington Post Staff Writer

President Reagan yesterday repeated, through a spokesman, that he opposes raising taxes next year, and reportedly also shot down some proposed spending cuts, including one to phase out the Head Start program.

His Office of Management and Budget, in one of a number of proposals to hold down the likely deficit in fiscal 1983, has urged that Head Start be merged into a broader block grant to the states and phased out as a separate program.

Reagan reportedly vetoed this, and also vetoed similar proposals by the OMB to phase out the present program of community development block grants and so-called urban development action grants to local governments.

In what has become almost a pattern in recent weeks, OMB Director David A. Stockman has been proposing huge cuts in programs, Reagan has agreed to only more modest cuts and the administration has in a sense been able to have it both ways: as economizer and savior of programs.

But the Stockman proposals illustrate the budget bind the administration is in as it prepares its spending plan for the 1983 fiscal year that will begin Oct. 1. It will send this to Congress early next year.

The administration's economists say they think the 1983 deficit will be slightly more than $150 billion without spending cuts and tax increases beyond those already provided by law. Congressional economists say they think the deficit could hit $175 billion.

Two reasons are the tax cuts Congress voted last summer at Reagan's behest and the defense spending increase he is pressing. Aides say he is backing off neither of these, and he said at his news conference last week that he had no plans for tax increases next year.

Even so, earlier this week there were reports that the

See BUDGET, A4, Col. 1

THE WASHINGTON POST
DECEMBER 23, 1981
(Pg. A-4)

... a special prosecutor.

Reagan Repeats Opposition to Tax Raises

BUDGET, From A1

president's senior advisers were urging him unanimously to back tax increases that could mount to over $60 billion over the next three years, as a way of trimming the deficit.

Yesterday, however, aides said no such proposal had been presented to him.

Moreover, White House communications chief David Gergen told reporters that, "The president, as he made clear last week, is opposed to any new increases in taxes. He believes that the growing burden of taxation has been a major contributor to the economic deterioration of recent years. He also believes that the tax cuts passed earlier this year lay a strong foundation for economic recovery in 1982 and should not be changed."

But Gergen left the door open for consideration of some kinds of tax increases, provided they do not interfere with the central thrust of the Reagan tax cut program, when he added, "It may be that proposals of a type that would not conflict with the stimulative nature of his economic program will be presented to him by his advisers or by others, including the leaders of Congress. The president has not invited any such proposals nor have they been presented to him."

Others said that if the president does look at any proposals along these lines it will not be until after the start of the the new year.

The popular Head Start program aims at giving pre-school children from low-income homes a leg up on skills and attitudes needed to succeed in school. Head Start had been called one of the seven essential and untouchable social "safety net" programs by the president earlier this year.

Under the Stockman plan, which Secretary of Health and Human Services Richard S. Schweiker strongly protested, Head Start would have been phased out over four years as a separate program and cut in fiscal 1983 to $780 million.

In addition to rejecting the phaseout, the president reportedly has decided to keep the program going in 1983 at about the same $912 million level as in 1982.

Capitol Hill sources said the president also had decided against phasing out the community development block grants and the urban development action grants, for which Congress authorized about $4.1 billion in fiscal 1983.

Under a plan developed by Stockman and protested by Housing and Urban Development Secretary Samuel R. Pierce Jr., the two programs would have been cut to about $1.2 billion in fiscal 1983 and zero in 1984. Wire service reports yesterday said Reagan had decided to allow $3.8 billion in fiscal 1983 for the grants.

Hill sources also said that the White House had decided to allow 10,000 new units of subsidized housing for the low-income elderly next year, but whether it was allowing any such units for the non-elderly was not clear.

Congress recently has been authorizing 200,000 or more added units of such housing each year. HUD asked for about 100,000 for fiscal 1983 and the OMB proposed none in its initial budget mark-up.

In still another decision, sources said the White House has ruled out a proposed substantial increase in the premium charged to elderly Social Security beneficiaries for the part of Medicare (Part B) covering doctor bills.

The premium is $11 a month, and covers about 24 percent of the cost of the Part B program, which is much smaller than the Part A hospital insurance program, for which the government foots the entire bill.

The proposal had been to raise the premium enough over the next few years to pay 34 percent of total Part B costs, but it has been jettisoned, sources said.

The Part B premium increase was only one of several dozen changes in the basic benefit or so-called entitlement programs, which are among the largest in the budget and which, because they involve almost automatic spending, are different from the discretionary programs subject to the annual congressional appropriations process.

Many experts, including influential Republicans in Congress, say that in addition to dealing with taxes and defense Reagan must cut these to hold down the deficit. They say there is not enough left in the discretionary programs to reach his goals.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Claire Dorrell - (202) 245-6343
HOME - (703) 549-0628

FOR IMMEDIATE RELEASE
Thursday, April 15, 1982

HHS Secretary Richard S. Schweiker, in an action he said will "reinforce our strong support for Head Start through more effective use of the $912 million appropriated for the program," has decided to complete the conversion of the 65 existing summer-only programs to full-time programs that roughly parallel the conventional school year over a two-year period.

Children whose exposure to the Head Start program has until now been restricted to the summer months will have a greater opportunity to enhance their pre-school development on an eight-month basis, as a result of changes Schweiker announced today.

Under his plan, the federal funds that serve 4- and 5-year-old youngsters in the summer programs would be redirected to support year-round Head Start activities. Summer programs will be offered additional funds to aid in the transition.

"The Head Start program is an integral part of this administration's social safety net. During a year of budgetary constraint, Head Start's funding increased by $93 million. These improvements I'm announcing today will enable Head Start to further enhance the quality of its services," Schweiker said.

"It has long been recognized that Head Start programs of six to eight weeks are too brief to produce lasting developmental gains for participants," Schweiker said in explaining the move toward year-round status.

Schweiker also announced that HHS will continue to fund Parent and Child Centers, an $11 million prevention-oriented activity that detects problems of pregnancy and early childhood before they become serious and expensive to remedy.

In addition, Schweiker said he will:

- Order in-depth, case-by-case analyses of high-cost programs in order to assist in improving management efficiency, so available funds can serve more children,
- Foster a non-government organization, independent of federal support, to assess and credential graduates of child development training currently being received in about 350 universities and community colleges.

REGION III
RESOURCE AND
TRAINING CENTER

4321 HARTWICK ROAD, ROOM L-220
COLLEGE PARK, MARYLAND 20740
(301) 454-5786

March 31, 1982

Congressman Ike Andrews
Human Resources Sub Committee
Full Committee on Education and Labor
2178 Rayburn Building
Washington, D.C. 20515

Attention: Michelle Stent

This letter will serve to provide a historical perspective and a current update on the Head Start Training and Technical Assistance changes as they affect Region III. Your attention to these issues is requested.

In November of 1981, the draft strategy paper was distributed widely. (See Attachment A.) In Region III, our Regional Office Head Start Bureau Chief reassured us that the strategy paper included a regional resource center for which we could bid.

Then in early February, this same Bureau Chief shared with me the draft announcement for T/TA. He indicated then that the National Office had decided to streamline the T/TA network to diminish duplication of services and to be more cost effective, thus eliminating Regional Resource Centers and supporting only statewide providers. (See Attachment B.)

In Region III, the State Training Offices and Regional Training Center have worked together for eleven years. We have clearly understood roles and responsibilities and have a cohesive network that it has taken years to develop. Further, all but one contractor charges 8% or less indirect cost. Clearly, we are a stable, cost efficient operation that does not duplicate services.

In early March, we tried to secure a meeting with Commissioner Hodges. He was scheduled too heavily to meet with us, so we asked Senator Mathias's Office to intercede for us. Jill Porter, Senator Mathias's Administrative Aide, was able to get us fifteen minutes on March 8. A group representing the regional T/TA providers, representatives of state director's associations and the parent representative to the National Head Start Association met with Commissioner Hodges.

He was available for thirty-five minutes. He said he was not aware of the deletion and that they would review wording. He said that he was concerned that the proposed changes should not disrupt regional systems that were cost effective and working well. He then called in John Buca who maintained that the strategy paper never allowed for both state and regional centers and refused to hear the differences as we described them.

We presented a list of concerns and specific losses. (See Attachments C & D.) However, it seemed that the concept of streamlining of the T/TA system, which may be appropriate in some regions, is more important than the reality of the streamlined systems that already exist in this and other regions. (See Attachment E.)

Then on March 17 and 18 at the Regional T/TA Network Meeting in Philadelphia, the contractors were told of the June 30 termination date. The new Project Officer said they hoped to have the grants funded by then. If not, there might be a "gap in services".

Clearly, the universities in Region III supporting those contracts at an 8% indirect cost are not going to carry staff or space until the government decides to fund grants.

On March 22, Jeanette Hummel, the State Training Officer from Virginia (VPI), started trying to get a meeting with Dorcus Hardy to discuss the implications of this change. Through Virginia Senator Warner's office, Travis Harel, Legislative Aide, and Representative Wampler's office, Bob Foster, Aide, the answer was a flat "no".

The University of Maryland has issued termination letters to all Resource and Training Center staff.

We are stymied at this point. Does the Human Resources Sub Committee want this administration to make changes for the sake of change? Please help us to be heard.

Sincerely,

Joan K. Herren pp
Joan K. Herren
Project Director

Jeanette Hummel pp
Jeanette Hummel
State Training Officer

cc Senator Mathias
Senator Warner

JKH/pp

Attachment A

-27-

Proposed Policies and Options

We believe that a modified T and TA delivery system -- if it is to be an improvement over what we currently have -- must embody several essential characteristics:

- It must preserve T and TA functions which are vital to the continued success and improvement of Head Start programs. Among these functions we would include: CDA-training and assessment; assistance to grantees in identifying and correcting both programmatic and management deficiencies; assistance to local programs in effecting linkages with other child and family service agencies; and support to grantees for the provision of services to children with special requirements.

- It must be considerably more decentralized. Among other things this means: allotting a much larger share of available T and TA resources for programming at the ACYF regional office level as opposed to the national office (the split is currently 34 percent national and 66 percent regional), and the establishment of a network of State-wide or sub-State T and TA providers linked together and coordinated on a regional basis.

- It must be more accountable to the Head Start grantee community and responsive to its needs. This can be accomplished in several ways: through employing a "bottom-up" approach to identifying needs and setting priorities; through the utilization of peer reviews to identify strengths and weaknesses in local program operations and to share experiences; and through an approach to T and TA planning that emphasizes collaboration among grantees, T and TA providers and regional offices, and promotes the sharing of information.

- It must be flexible. This translates essentially into the use of grants and cooperative agreements as the funding mechanisms of choice. Unlike contracts, these mechanisms make it much easier for T and TA providers to adapt work plans to meet changing needs and priorities.

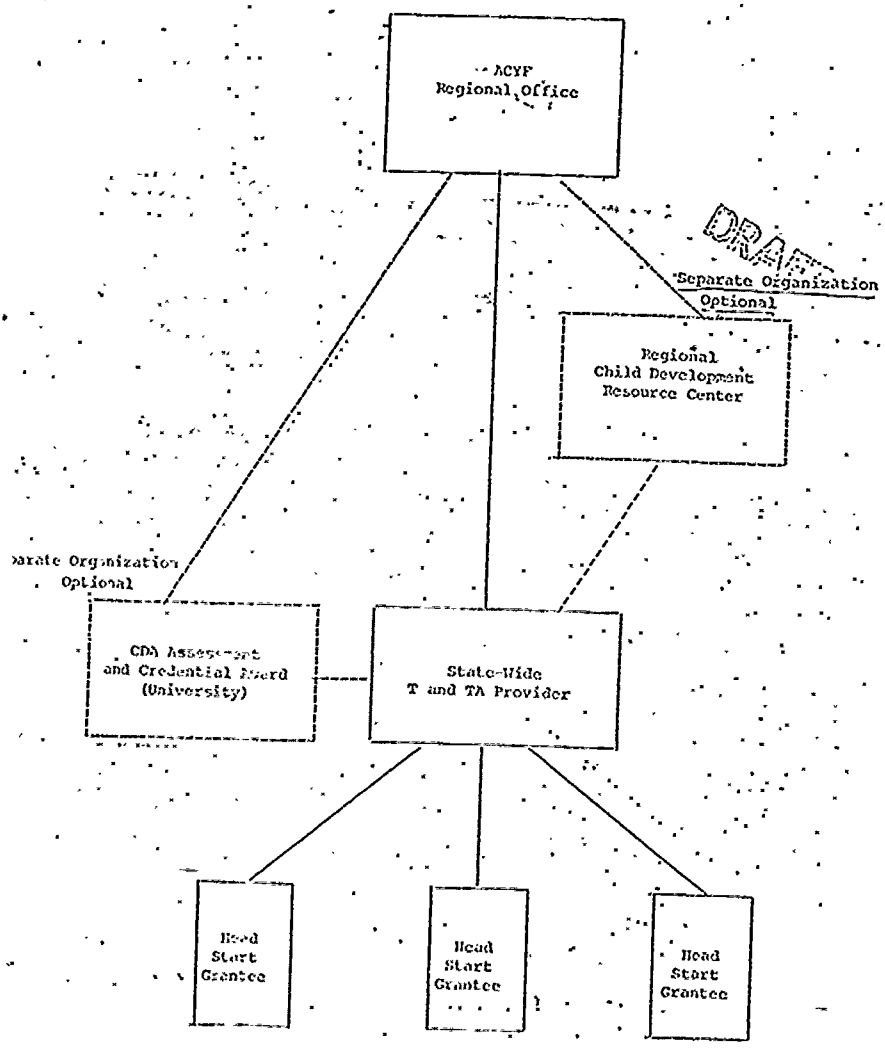
- It must be stable. This means that there must be a reasonable commitment to retain, on an on-going basis, those T and TA providers who are doing a good job and who have earned the confidence of the programs they serve.

The figure on the following page depicts the basic structure of the T and TA delivery system we propose to implement. Our plan is to establish a State-wide*

*This is a general model that may not be appropriate for every State or federal region. Depending on local circumstances, it may be more practical to establish two or possibly three sub-State T and TA providers. Alternatively, it may be desirable in some ACYF regions to establish a multi-State structure in which one T and TA provider would serve several States.

Attachment B

28



HEAD START
RESOURCE AND
TRAINING CENTER

4321 HARTWICK ROAD, ROOM L-220
COLLEGE PARK, MARYLAND 20740
(301) 454-5786

CONCERNS

- that the programs have not been made aware of the changes outlined in the draft and have had no opportunity to comment. Many are unaware that these changes are being considered.
- that no prior pilot system similar to the one being proposed has been evaluated according to cost effectiveness and quality of service. The impact of these changes is unclear.
- that Head Start program staff and parents would be expected to provide 548 days of training and technical assistance in a year to the 177 programs in Region III in addition to performing their assigned tasks.
- that state and local governments who do not have a background in Head Start would be asked to provide effective training and technical assistance.
- that the quality of the training experience will be diminished if the training needs are not clearly assessed, if the trainers are expert but not skilled, and if the evaluation is not utilized to improve future events.
- that there will not be a body to coordinate regional activities. Staff and parents share information and jobs are filled across state lines. Also, urban and rural programs come together to resolve mutual problems.
- that program staff and parents will feel betrayed since the strategy paper described T/TA services one way and the Federal Register will request proposals for a distinctly different approach.

RECOMMENDATIONS

- allow a comment period on the new training and technical assistance revisions
- allow for regional discretion on state-wide and/or region-wide centers



HEAD START
RESOURCE AND
TRAINING CENTER

4321 HARTWICK ROAD, ROOM L-220
COLLEGE PARK, MARYLAND 20740
(301) 454-5786

SPECIFIC LOSS TO REGION III

Head Start Resource and Training Center:

- hires all staff with previous Head Start program experience (former directors, component coordinators, etc.)
- networks with all other training and technical assistance providers

  Westinghouse — State Training Offices
  Home Start — Resource Access Project
  Development Assoc.
  University Extensions - Maryland, Penn State, VPI
- provides this service at 8% indirect cost rate (the University of Maryland, University College provides inkind support for 31% indirect cost rate)
- provided over 300 training events during the 1981 contract year to 177 programs in Region III for 5,192 directors, staff, and parents
- developed 15 training modules
  3 filmstrips
  4 guides
  1 manual
  in the contract period from February 1980 - February 1982
- conducts comprehensive Training Needs Assessments, compiles data, distributes the information to all state offices and other T/TA providers
- provides in-depth technical assistance to programs found out of compliance by targeting certain programs for repeated on-sites by specialists
- conducts five day management seminars and on-site technical assistance to Head Start directors and component coordinators

HEAD START
RESOURCE AND
TRAINING CENTER

4321 HARTWICK ROAD, ROOM L-220
COLLEGE PARK, MARYLAND 20740
(301) 454-5786

March 9, 1982

Clarence Hodges, Commissioner
Administration for Children, Youth and Families
Department of Health and Human Services
P.O. Box 1182
Washington, D.C. 20013

Dear Commissioner Hodges,

Thank you for seeing us on Monday and taking time to discuss our concerns regarding the draft announcement being prepared for the Federal Register on Head Start Training and Technical Assistance Services.

Our visit reaffirms our conviction that the draft announcement differs markedly from the content of the three-year strategy paper of 10/22/81.

In the strategy paper on p. 27 (see attachment A) under bullet 2 (underlined) it states: "It must be considerably more decentralized. Among other things this means: allotting a much larger share of available T and TA resources for programming at the ACYF regional office level as opposed to the national office (the split is currently 34 percent national and 66 percent regional); and the establishment of a network of State-wide or sub-State T and TA providers linked together and coordinated on a regional basis."

This statement led us to believe in Region III that the Regional Office would have the option to program T/TA dollars into statewide providers linked together and coordinated as it presently is - on a regional basis with a regional training center. This impression was further reinforced on p. 28 (see attachment B) with an organizational chart that illustrated these options.

To further our expectation that the National ACYF Office intended to maintain those systems that are providing quality service and are cost effective is bullet 5 on p. 27: "It must be stable. This means that there must be a reasonable commitment to retain, on an on-going basis, those T and TA providers who are doing a good job and who have earned the confidence of the programs they serve."

Further, it appeared that flexibility according to regional needs would be allowed by this statement, also on p. 27: "This is a general model that may not be appropriate for every State or federal region. Depending on local circumstances, it may be more practical to establish two or possibly three sub-State T and TA providers. Alternatively, it may be desirable in some ACYF regions to establish a multi-State structure in which one T and TA provider would serve several States."

Please be reminded that the T/TA network in Region III has been stable. The state providers and regional center have a history of networking with one another and other community organizations to provide responsive T/TA to the programs since 1971.

The Region III network is one of the most cost-effective in the country. All contractors (save the most recent STO) are universities who charge 8% indirect cost rate or less. The University of Maryland University College (8% indirect cost rate) contributed $58,199 inkind toward our indirect cost in 1981. The amount they contributed in 1980 was $55,085. The size of this gift is staggering. It seems incomprehensible that a change at the national level would imperil a system that has had a long, stable record of quality and cost efficiency.

Mr. John Busa, when he met with us, asked what is it that a regional center does that a state provider could not do. In Region III we work in concert with one another and are not asking for one or the other. At present, these are the kinds of things we each do:

State Training Offices

- broker for T/TA getting inkind training from local and state organizations
- working with programs on day-to-day problems; following up after the in-depth review
- arranging training events using Head Start program staff members
- supporting programs in conducting programmatic needs assessment
- develop statewide newsletter

Regional Training & Resource Center

- specialized training events requiring both content and knowledge and a practical understanding of Head Start
- training Head Start program staff members in how to train skills
- developing materials to facilitate learning, i.e., training modules, manuals, guides, filmstrips
- develop/distribute/analyze and coordinate training needs assessment and in-depth on-sites to programs with serious problems

The six states in Region III range from small (Delaware) to large (Pennsylvania). By pooling a part of the resources for these states, the Regional ACYF Office has been able to provide all six states with quality state and regional services. By limiting this system to statewide providers, only large states will have large T/TA grants, but small states will suffer. In Region III this is not necessary since the system is in place.

Please consider a delay on this announcement so that the action to be taken can more clearly support the intent of streamlining and improving T/TA without jeopardizing current successes.

Sincerely,

Joan K. Herren

Joan K. Herren, Project Director, HSRTC
Paul Pittman, President, Maryland State Directors Association
Head Start Director, Hagerstown, MD
Gene Kephart, Head Start Director, Cen-Clear Child Services, Philipsburg, PA
Region III Representative to National Head Start Directors Association (delayed because of snowstorm)
Mary Ann Foster, Head Start Director, Higher Horizons, Bailey's Crossroads, VA
Representative from Northern Virginia Head Start Directors
Joyce Spicer, Region III Representative to National Head Start Parents Association
Bill Hughey, Head Start State Training Officer for the District of Columbia
Margaret Copeland, Parent-Child Center of Philadelphia, PA

cc Senator Mathias
Senator Sarbanes
Senator Specter
Secretary Schweiker

attachments

JKH/pp